



DEBIT CARD/ATM CARD DISPUTE FORM

Cardholder's Name: _____

Card Number (last 4 digits): _____ Account Number: _____

Home Phone: _____ Cell Phone: _____

Debit Card ATM Card

Please check only one statement that pertains to the dispute claim being filed and provide the requested information. List transactions being disputed on page 3.

Part 1 Unauthorized use

Fraud/Unauthorized Transaction I certify that I did not authorize or participate in this transaction, nor did I authorize anyone else to use my card. I understand my card will be cancelled and reissuance of a new card is at the sole discretion of Navy Army. I believe the transaction(s) occurred due to card:

Lost Stolen Fraud

Was the card in your possession at the time the transaction took place? Yes No

Have you ever allowed anyone to use the card? Yes No If yes, who? _____

Was the PIN/Secret Code number with the card? Yes No

Was a police report filed? Yes No Police Dept. Case # _____

Part 2 ATM failed transaction

Failed ATM transaction (Please supply copy of receipt if available)

I attempted a **withdrawal** of \$_____ but did not receive any funds.

I attempted a **withdrawal** for \$_____ and only received \$_____

Only one **withdrawal** was authorized, and a duplicate withdrawal appears on my statement.

I attempted a **Cash** deposit for \$_____ and received credit for \$_____.

I attempted a **Check** deposit for \$_____ and received credit for \$_____.

Total amount of Checks _____

Part 3 Dispute with merchant

Originally participated and/or had a relationship with this merchant

Merchandise/Service not as Described (The merchandise /service I received was damaged, defective, or not what I expected)

What was purchased? _____

Date the merchandise/service was received? _____

Date you returned the merchandise or made it available for pick up? (If applicable) _____

Return tracking number or proof of return _____

Please describe your attempt to resolve with the merchant in the provided space below in Additional Information.

Non-Receipt of Merchandise/Services (I did not receive the merchandise or service by the agreed upon date)

What was purchased? _____

Date you expected to receive the merchandise/services? _____

If merchandise, was it to be shipped or picked up? _____

Please describe your attempt to resolve with the merchant in the provided space below in Additional Information.

Credit not Processed (I have not been credited for merchandise I returned or a refund I was promised.

Please allow 30 days from date of return/refund)

Expected date of credit _____

Incorrect Amount (I was billed the wrong amount)

The amount you should have been billed \$_____ (Please provide copy of receipt)

Duplicate Charge (I have been billed more than once for the same transaction)

Paid by Other Means (I paid for this transaction using another payment method or debit card)

Paid by: Check Cash Another Credit/Debit Card

Copy of Receipt, Check, or Bank Statement is required

Cancelled Transaction (I was charged for something that I previously cancelled)

Date of Cancellation _____ Were you advised of the merchant's cancellation policy? _____

What was your cancelation method? Telephone Email In Person

Cancellation Number/ Name of Person you spoke with? _____

Additional Information: (Please provide additional information required for your dispute type and a full description of your interaction with the merchant from your purchase to your last contact.)

Please list transactions being disputed individually.

Transaction Date	Disputed Amount	Merchant Name / ATM Transaction Trace #	Dispute# (CU Use Only)

I certify that the charge(s) above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction(s) received by myself or by a person authorized by me. I understand additional documentation may be required upon request and I agree to cooperate by responding promptly in order to keep the dispute active. I hereby certify under penalty of perjury that the foregoing is true and correct.

CARDHOLDER SIGNATURE _____ DATE _____

Please sign above and fax to 361-986-8086 along with any required supporting documents or mail to P.O. Box 81349, Corpus Christi, TX 78468-1349