

# Dispute/Error Notification – NON-FRAUD

Taken by:	Extension	Date of Report:
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<b>PRODUCT TYPE</b>	<input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Merchant Draft <input type="checkbox"/> ATM Card <input type="checkbox"/> Visa Check Card used with a Pin*  <input type="checkbox"/> Visa Credit Card used with a Pin* <input type="checkbox"/> PhoneTeller <input type="checkbox"/> Teller Error <input type="checkbox"/> CU Online  <input type="checkbox"/> Other _____  <p><b><i>*Only complete this form for card transactions if the card was used with a pin. If the disputed transaction is signature-based including phone, mail, Internet, and contracted services like AOL or fitness centers, please call Card Services.</i></b></p>
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<b>DISPUTE TYPE</b>	<input type="checkbox"/> No Cash Received <input type="checkbox"/> Partial Cash Received <input type="checkbox"/> ATM Robbery (Also complete Affidavit Type 1)  <input type="checkbox"/> Posting Error - Posted as _____ Should be _____  <input type="checkbox"/> Deposit Error (explain) _____  <input type="checkbox"/> Transfer incomplete (explain) _____  <input type="checkbox"/> Paid by Other Means (explain) _____  <input type="checkbox"/> Non Receipt of Merchandise/Service (explain) _____ <input type="checkbox"/> Other (explain) _____  _____  _____
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<b>MEMBER INFORMATION</b>	Name _____ CU Account Number _____ Card Number (if card involved) _____  Daytime/Cell Phone: _____ Evening Phone: _____
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<b>TRANSACTION INFORMATION</b>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:33%;">TRANS. DATE</th> <th style="width:33%;">AMOUNT</th> <th style="width:33%;">ATM/POS MERCHANT LOCATION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td><b>TOTAL AMOUNT OF DISPUTED TRANS.</b></td> <td> </td> <td> </td> </tr> </tbody> </table> <p>1. Date member became aware of disputed transaction(s) _____            2. How did member become aware of disputed transaction(s) _____</p>	TRANS. DATE	AMOUNT	ATM/POS MERCHANT LOCATION													<b>TOTAL AMOUNT OF DISPUTED TRANS.</b>		
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<b>MEMBER'S SIGNATURE</b>	Date: _____ Member's Name: _____  Date: _____ Member's Name: _____
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