

Scenic Community Credit Union Debit Card Dispute Form

Please complete this form in its entirety and return by email: mbrserv@mysccu.com or bring to one of the branches. Questions? Call Member Services at (423)875-6955

SECTION 1: MEMBER INFORMATION

Name: _____	Credit Union Account Number: _____
Address: _____	
City: _____	State: _____ ZIP: _____
Best Phone Number to Reach Me: _____	Email: _____
VISA Card Number: _____	
Date I Became Aware of Charge: _____	Date Reported to Credit Union: _____

SECTION 2: DISPUTED TRANSACTION(S)

(If more than 3, list on page 3)

Date: _____	Amount: _____	Merchant Name: _____
Date: _____	Amount: _____	Merchant Name: _____
Date: _____	Amount: _____	Merchant Name: _____

SECTION 3: INDICATE REASON FOR DISPUTE

<input type="checkbox"/> Unauthorized Transactions (card will be closed) <ul style="list-style-type: none">• Fraud use of number – complete Section 4 –• Requires the statement, “I did not engage or authorize this/these transaction(s).”	<input type="checkbox"/> Paid by Other Means <p>Requires proof of other payment such as cancelled check copy or receipt.</p>
<input type="checkbox"/> Lost/Stolen Card (card will be closed) <ul style="list-style-type: none">• Date card lost or stolen: _____• If reported to police, include copy of report or indicate the name of the law enforcement agency and report number:• Last place card was used: _____• In Section 4, describe detailed explanation to support claim. _____	<input type="checkbox"/> Altered Amount after Authorization <p>Requires copy of receipt, invoice, or rental agreement.</p>
<input type="checkbox"/> Recurring Charges After Cancellation (card will be closed) <ul style="list-style-type: none">• Date membership/agreement was cancelled: _____• Requires proof of cancellation such as emails, confirmation number, or certified letter receipt.	<input type="checkbox"/> Credit/Product/Service not Received <ul style="list-style-type: none">• Expected delivery date or date of service: _____• In Section 4, describe your efforts to resolve with merchant and exact product description.• Provide emails, texts, merchant response and tracking information, if available.
<input type="checkbox"/> Not as Described or Defective <ul style="list-style-type: none">• In Section 4, describe in detail, explanation to support claim.• Include steps taken to resolve with merchant.• Additional information may be required.	<input type="checkbox"/> ATM Error Complaint <ul style="list-style-type: none">• Share ID affected: _____• ATM location: _____• Amount Received: \$ _____• Amount Debited from account: \$ _____• Date: _____• Transaction #: _____• Copy of receipt (if available)
<input type="checkbox"/> Other <ul style="list-style-type: none">• Provide a detailed explanation of dispute in Section 4.	

SECTION 4: STATEMENT OF EXPLANATION (ATTACH ADDITIONAL SHEETS IF NEEDED)

SECTION 5: IDENTIFICATION – ONLY COMPLETE IF LOST, STOLEN, OR UNAUTHORIZED TRANSACTIONS

The transaction(s) identified were not made by me, nor did I provide anyone authority to make any transactions.

Check one:

I have no knowledge of the identity of the person(s) using the card.

I can identify the person making the transactions:

Name _____

Have you previously allowed this person to make transactions with the card? Yes No

SECTION 6: NOTICE TO THE MEMBER

1. Under Regulation E, which implements the Electronic Fund Transfer Act, a financial institution has a minimum of 10 business days to research an alleged error before any re-crediting is required. Notification of the results of the investigation and of any re-crediting will be delivered by mail.
2. The transaction(s) described above were not originated with fraudulent intent by me or any person acting for or with me. I neither conducted, authorized, nor benefited from these transactions. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.
3. For reports of unauthorized use, I understand that I may be asked to cooperate in the prosecution of the person(s) improperly using my card and to review suspect's photos taken during the transaction.

Cardholder Signature (Required) _____
Date

The issuer certifies that this electronic signature was obtained from this cardholder via a secure authenticated environment.

CREDIT UNION USE ONLY

Employee Name: _____ Branch _____

DISPUTED TRANSACTIONS *(additional space for Section 2 above)*

Member Name: _____ **Account Number:** _____

Date: _____ Amount: _____ Merchant Name: _____