



Claim Number:
Bond Number:

ATM/Debit Card Dispute Affidavit

BEFORE DISPUTING A CHARGE, THE CARDHOLDER MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT

Part 1: Cardholder Information

Cardholder Name: _____ Member Number: _____

Visa Debit Card Number: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____

Part 2: Description of Dispute - (A copy of bank statement with transaction(s) in question circled is **REQUIRED**)

Please carefully read each of the following descriptions and check the most appropriate situation that fits your particular dispute. This form must be filled out completely by the cardholder and submitted to InvesTex Credit Union within 60 calendar days from the date when the transaction first occurred.

Card Status: Lost Stolen Still in Cardholder's Possession

Date Loss Discovered: _____ Date Loss Reported to Credit Union: _____ Date of Charge: _____

Amount Charged: \$ _____ Company/Merchant Name: _____

Law Enforcement notified? Yes No If yes, Agency: _____ Case No. _____

Agency Phone: _____

1. Did Not Recognize Transaction.

When did the Cardholder contact the merchant? _____

What was the outcome of the merchant contact?

2. Duplicate Transaction. Only one sale was authorized. The amount in question is a duplicate of a sale, which was charged to cardholder's account on _____

3. Authorization Was Granted, However:

- Did Not Receive Merchandise
- Merchandise was Returned
- Overcharged for Merchandise

Please explain: (Merchant Contact Outcome, Dates, Documentation, etc.).

4. Membership/Contract Cancellation. Please enclose a copy of the letter, e-mail, or fax requesting cancellation.

When did the cardholder contact the merchant? _____

Reason for cancellation? _____

Date of Cancellation: _____ Cancellation Number: _____

Were You Advised of a Cancellation Policy? Yes No

If **YES**, what were you told? _____

5. Other: Please give a **DETAILED** description.

Please explain:

Part 3: Cardholder Affidavit and Authorization

I have marked the applicable reason for the disputed transaction(s) and have supplied copies of all required documentation. I have attached any documentation supporting my claim (i.e. police reports).

The transaction(s) described above/attached were not originated with fraudulent intent by me or any person acting on my behalf. I neither conducted, authorized, nor benefited from this/these transaction(s). I give my consent to the Credit Union to release any information regarding my card and/or card account to any law enforcement officials to investigate all circumstances concerning this/these transaction(s).

Cardholder Signature: _____ Date: _____

INVESTEX CREDIT UNION has (10) business days, after initial member contact, to investigate the dispute and to make any adjustments. If Credit Union requires more time, the member's account will be credited for the disputed amount and the investigation can continue up to (45) calendar days after initial member contact of dispute. If the transaction is found to be authorized and is not considered fraud, the provisional credit may be reversed. The Cardholder's signature above is acknowledgment of this disclosure.

By Mail:
InvesTex Credit Union
Attention: eBranch
905 Aldine Bender Rd
Houston, Texas 77032

By Fax:
281-219-7664

Questions?
Please Call 1-866-449-0109
Member Service Representatives are available Monday thru
Friday from 8:30 am to 6:00 pm and Saturday from 8:30 am
to 3:00 pm CST to assist you.

CU Use Only: MSR: _____ Date/Time Received: _____/_____/_____ Date MSR Entered Interaction Note: _____

Date Received By Plastics Dept: _____ Date Entered on Client Central: _____

For Additional Space:
