



## Combined ATM/Visa Dispute Form Instructions

### General Information:

Please contact your local Branch or the Call Center at 916-444-6070 for assistance in identifying the transaction type before completing this form

**Purpose:** This form is dispute an ATM or Visa Signature transaction.

**Timing:** This form should be completed as soon as possible after the dispute is discovered. This will limit the Members liability and assist in resolution or recovery of the funds.

### Form completion:

1. Please complete the form with as much detail as possible. If not all information is completed this may delay your claim
2. Please indicate how we can get in touch with you by phone should we have questions.
3. The form must be completed by the Card holder. If there is more than one member on the account, the form should be completed by the person listed on the respective card.
4. If there is not enough room on the form, please document additional transactions or information on blank paper or the back side of the form.
5. Make sure to sign and date the form.
6. Attach or include any additional documentation that might help in our investigation (examples are ATM receipts, sales drafts, statements, invoices and correspondence/e-mail with the merchant)
7. After the completed form is signed, you may return it:
  - In person at your local branch
  - By Fax: 916-449-2775
  - By Mail: Sacramento Credit Union  
ATM/Visa Claim Processing  
P.O. Box 2351  
Sacramento, CA 95812-2351

Today's Date: \_\_\_\_\_ Card#: \_\_\_\_\_ Member#: \_\_\_\_\_

Member Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**Section A: Card Information**

 Card is in member's possession  Yes  No Counterfeit use suspected  Yes  No

Card Lost or stolen? \_\_\_\_\_ Where? \_\_\_\_\_ When: \_\_\_\_\_

How this occurred? \_\_\_\_\_

Last used: Date \_\_\_\_\_ Merchant \_\_\_\_\_ Amount \_\_\_\_\_

Did anyone other than member have access to the card(s)? \_\_\_\_\_

Did anyone other than member have access to the PIN? \_\_\_\_\_

Was PIN written on the card or other identification? \_\_\_\_\_

Loss/theft reported to Sacramento Credit Union on: \_\_\_\_\_

**Section B: Fraudulent or Disputed Transaction: If more transactions please list on page 2.**

Transaction Date	Merchant Name	Amount

 The following explains the details of my dispute: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section C: Please select one or two below:**
**1. No Knowledge:**
 I certify that the charge(s) listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me. I have filed a police report with \_\_\_\_\_ Report # \_\_\_\_\_ Please attach any other documentation that will assist us in investigating your case

**2. Knowledge of transaction**
 You generally are required to contact the merchant and attempt to resolve the issue. The merchant has 30 days to credit your account. Merchant contact is not required if the card was lost or stolen or for duplicate or incorrect amount of ATM or PIN transaction.

 I made contact with the merchant:  Yes  No If no, why not: \_\_\_\_\_

 Contact method:  Telephone  E-Mail  In-person  Other (describe) \_\_\_\_\_

Please indicate merchant response on reverse side and include copies of any correspondence or emails.

**You may be contacted for additional information at the phone number listed above.**

 \_\_\_\_\_  
**Member Signature**

 \_\_\_\_\_  
**Date**
**For Credit Union Use Only:**

Report accepted by: \_\_\_\_\_

Card Blocked by: \_\_\_\_\_

Card Replaced by: \_\_\_\_\_