

DISPUTED ELECTRONIC FUNDS TRANSFER FORM

Please complete the following information and return completed form to: Oklahoma Central Credit Union attn: Electronic Services, PO Box 471227, Tulsa, OK 74147. This completed form can be faxed to Electronic Services at the following telephone number: 918-280-5242 Electronic Services must have a completed and signed copy on file within 5 business days of notification of dispute. If transaction is fraudulent, please answer questions 1-5 and have member sign on line 6. If transaction is a dispute, please answer question 2 on the second part.

Cardholder Name: _____ Card Number: _____

Cardholder Address: _____

Cardholder Daytime Phone: _____ Email Address: _____

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

CARDHOLDER STATEMENT OF DISPUTED ITEM

I have examined the charge(s) made to my account and wish to dispute the purchase for the following reason. I am enclosing a copy of all related documents, including any receipts, invoices and details of my attempts to resolve this matter with the merchant. (VISA requires that a good faith effort attempt to resolve with merchant be made prior to disputing a transaction.)

- Fraudulent transaction. I have **NEVER** done business with this merchant and have not received any benefits or services from this transaction. Attempted to resolve with merchant _____, please describe below.
- I do not recognize or remember this transaction.
- Merchandise or services not received. Date expected _____. Date attempted to resolve with merchant _____. Please describe below.
- Defective or wrong merchandise received. Date attempted to resolve with merchant _____. Please describe details below.
- Transaction paid for by other means. Include proof of payment by other means.
- Hotel reservations, car rental, airline tickets, or any other travel related transaction cancelled. Must include cancellation number/code _____. Date cancelled: _____.
- Transaction amount changed after original sale. Include copy of original receipt.
- Cancelled services. Date cancelled _____, cancellation number (if any) _____.
- Duplicate or multiple charges.
- Returned merchandise (Must allow 30 days from date of return.) RMA number from merchant _____. Date returned: _____. Shipping company used: _____ Include copy of shipping receipt.
- Other – **PLEASE DESCRIBE BELOW:**

ERROR DESCRIPTION: _____

Cardholder Signature: _____ Date: _____

If you claim that the transaction was unauthorized, please answer the following questions and sign the Electronic Funds Transfer Affidavit.

1. When did you discover your card missing? Date: _____ Time: _____ (____ A.M. ____ P.M.)
2. Was your card lost or stolen? _____
3. When was Fraud reported to CardServices? Date: _____ Time: _____ (____ A.M. ____ P.M.)
4. Have you ever allowed anyone to use your card? ____ YES ____ NO
 - If yes, who and when? _____
5. Did you notify police of the unauthorized use? ____ YES ____ NO Police Report # _____
6. Please provide five (5) examples of your signature below _____

Electronic Funds Transfer Affidavit

I make this Affidavit voluntarily for the purpose of establishing the fraudulent use of my plastic card by an unauthorized person (s). I swear this Affidavit is true and understand that, ALL VIDEO TAPES OF THE TRANSACTION WILL BE TURNED OVER TO POLICE FOR IDENTIFICATION OF THE PERPETRATOR. Willful violations of the Federal Electronic Funds Transfer Act Regulation E carry criminal penalties and conviction for fraudulent use of EFT services carries a \$10,000.00 fine and a 10 year jail term.

I, (we), _____ certify on this date _____ that I (we) have read the Electronic Funds Transfer Affidavit and have no knowledge of and did not make or authorize the transaction (s) attached to this document.

Cardholder Signature: _____