

ATM / VISA DEBIT CARD DISPUTE FORM



Northrop Grumman FCU will strive to process your debit card dispute as quickly and efficiently as possible. It is important that you provide accurate pertinent details and all of the requested information in the given time frame. Please be aware that we are unable to process your request without all the necessary information.

Please complete the following information:

NAME (FIRST, MIDDLE, LAST)		MEMBERSHIP #	
PHONE NUMBER (BEST # TO REACH)		EMAIL ADDRESS	
PREFERRED METHOD OF COMMUNICATION ____ EMAIL ____ MAIL		LAST FOUR DIGITS OF CARD	TYPE OF CARD ____ DEBIT ____ ATM

Please check one of the following:

<p>Do you recognize this merchant? Did you allow one or more transactions or conducted business in the past 12 months with this merchant? If yes, please provide detailed information on the activities authorized, cancellation notices, dates, and confirmation numbers (if applicable). Also provide dates, numbers, and the name of who you spoke with to cancel this service. Please include supporting documents such as receipts or return vouchers.</p>	____ Yes ____ No
<p>Is this a fraudulent transaction? If yes, please confirm that you never authorized any business with this merchant and you do not recognize the merchant. Confirm that you do not recognize this transaction post to your account.</p>	____ Yes ____ No
<p>Have you allowed anyone to use your debit card before this transaction? If yes, provide relationship, first & last name, and contact information?</p>	____ Yes ____ No
<p>Do you still have your debit card in your possession? If no, when did you realize that the card was missing?</p>	____ Yes ____ No
<p>Date: _____</p>	

Please record the unauthorized transaction(s) that are being disputed:

TRANSACTION DATE	MERCHANT NAME	TRANSACTION AMOUNT

