

# DISPUTE COVER SHEET



NUMBER OF PAGES: \_\_\_\_\_

For Financial Institution Only

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GLATCO Credit Union

53 S. Main Street

Spring Grove, PA 17362

Fax:

Office: 717-225-4548

Date cardholder Notified Bank of Dispute: \_\_\_\_\_

Total if Provisional Credit given \$ \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

# GLATCO Credit Union

Dispute For ATM/ Debit-Fraud

Page \_\_\_\_ of \_\_\_\_

## Member Information

Card Holder Name:

Phone Number:

Address City, State Zip:

Card Number:

## Transaction Detail

<input type="checkbox"/> <b>ATM</b> did not Dispense Funds	<input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>ATM</b> Dispense Partial Funds: Received \$ _____ Requested \$ _____	<input type="checkbox"/> Paid by Other Means
<input type="checkbox"/> Canceled Transaction/Service: Date Canceled: _____	<input type="checkbox"/> Quality Issue: Detailed Description Below
<input type="checkbox"/> Credit not received	<input type="checkbox"/> Unauthorized Transaction
<input type="checkbox"/> Date Attempted to Resolve with Merchant: _____	
<input type="checkbox"/> Duplicate processing	
<input type="checkbox"/> Incorrect Transaction Amount: Transaction Posted for \$ _____ but, should have posted for \$ _____	
<input type="checkbox"/> Merchandise not Received: Expected Date for Delivery _____ Detailed Description Below	
<input type="checkbox"/> Merchandise Returned: Returned Date _____ and Method _____ Detailed Description Below	

**At the time of the transactions. Where was the physical card?**

☐

In Possession

☐

Lost/Stolen

## Disputed Transaction

**Each dispute transaction must appear below. Use additional pages if necessary.**

Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____
Date: _____	Merchant Name: _____	Transaction Amount \$ _____

## Member Explanation

Explain in detail why charges are being disputed. Use additional page if necessary.

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# GLATCO Credit Union

Dispute For ATM/ Debit-Fraud

Page \_\_\_\_ of \_\_\_\_

## Member Information

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

## Disputed Transaction

**Each dispute transactions must appear below. Use additional pages if necessary.**

Date: \_\_\_\_\_ Merchant Name: \_\_\_\_\_ Transaction Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant Name: \_\_\_\_\_ Transaction Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant Name: \_\_\_\_\_ Transaction Amount \$ \_\_\_\_\_

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