

## POS DISPUTE RESOLUTION FORM

<b>Member Name:</b>	<b>Card No.:</b>
<b>Address:</b>	<b>Home Phone No.:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>Work Phone No.:</b>

I have examined the charges made to my PCFCU Debit Card referenced above. The transaction in question is described below: **Note: One transaction per form.**

Posting Date	Amount	Checking Account # (Debit Card Only)	Merchant Name

Please provide a detailed explanation of the item you are disputing and the steps you have taken to resolve this dispute with the merchant.

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Was your card?	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Card Number Compromise?	<input type="checkbox"/> No, I have possession of my card.
Did you authorize this transaction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <b>If No, You must place a hot status on the card.</b>		
Have you ever allowed anyone to use your card?	<input type="checkbox"/> Yes	If yes, who?		
	<input type="checkbox"/> No			
Have you reviewed all transactions on your statement(s)?	<input type="checkbox"/> Yes	How many transactions are you disputing? _____		
	<input type="checkbox"/> No			
Have you ever visited this merchant's location or ordered merchandise via phone/internet from this merchant?	<input type="checkbox"/> Yes	When? _____		
	<input type="checkbox"/> No			
	<input type="checkbox"/> Not Applicable			
Did you receive the merchandise or service from this transaction?	<input type="checkbox"/> Yes	<b>Provide written explanation above on the disposition of the merchandise/service.</b>		
	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable		
Is this a reoccurring transaction?	<input type="checkbox"/> Yes	<b>When was service canceled?</b>		
	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable		
Was the incident reported to the police?	<input type="checkbox"/> Yes	<b>Please provide a copy of the police report</b>		
	<input type="checkbox"/> No	Date Reported: _____ Where: _____		
Are you willing to sign an affidavit attesting to the truth of all information in this claim and to testify in court on any or all facts surrounding this claim?	<input type="checkbox"/> Yes			
	<input type="checkbox"/> No			

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Email Address: \_\_\_\_\_

Print Name of Credit Union Personnel