

## Statement of Occurrence of Disputed Electronic Funds Transfer: ATM/Debit Card

#### Written Confirmation Requirements:

The Statement of Disputed Electronic Funds Transfer form is required within 10 business days of oral notice of error. Please complete the information requested below and return to the following address or drop it off at any branch.

NEFCU PO Box 527 Williston, VT 05495 ATTN: Account Services Or Fax: 802.764.6554

Business Debit Cards and transactions are not protected under Federal Regulation E and will <u>NOT</u> be subject to the provisions of this consumer liability.

### **Dispute Form Instructions**

This form will help NEFCU complete an investigation regarding your ATM/Debit card disputed transaction(s). Please complete the following:

□ Signed and completed dispute form which includes:

- A dispute reason selected from dispute type section.
- An Attempt to Resolve statement

Copy or proof of payment/receipt (if available), proof of cancelation

Documentation of merchant communication (emails, etc...)

#### Dispute Information

Member Name: Dispute Amount: \$_ Account Number:		Card Number: Member Number: Phone Number:	
1. Date:    2. Date:    3. Date:    4. Date:    5. Date:	Amount: \$ Amount: \$ Amount: \$ Amount: \$ Amount: \$	Merchant Name: Merchant Name: Merchant Name: Merchant Name: Merchant Name:	

## Attempt to Resolve Statement

For all situatio	ns please describe how you attempted to resolve with the Merchant:
Spoke With: _	On (date):

Merchants Response:

<b>Dispute Type</b> Select the situation which most accurately reflects the reason for the dispute (One item only must be selected).				
□ Cancellation dispute (use if the transaction was canceled before the goods/services was received).				
Date of cancellation: Contact at Merchant: Reason for cancellation: Were you advised of any cancellation policy?				
□ Returned Item Dispute (Item was returned within the merchants specified return period and a credit was not issued).				
Date returned:     Date received by merchant:     Shipping company and tracking information:				
Charged two or more times for the same transaction: (Not be used for free-trials/subcriptions). Date of first charge: Date(s) of additional charge(s):				
□ Cash from ATM not received/ received incorrect amount of cash:				
Date of withdrawal:  Time:    Requested Amount:  Received Amount:    Name and Location of ATM:  Received Amount:				
□ Paid for goods/services by other means (Include proof of payment).				

	Dispute Type (Continued)
□ No	Description of goods/services: Description of goods/services not received: Delivery of goods expected on (date): Merchant was unwilling/unable to provide services (Explain in the attempt to resolve section)
	credit posted as a debit in error: A credit for \$ was posted as a debit.
□ Inc	correct transaction amount: (a receipt must be supplied showing the correct amount). Transaction Posted for: \$ Transaction should have posted for: \$
□ Q(	Jality of goods/services dispute: Description of goods/services ordered: Description of goods/services received: □ Testimony from industry experts indicating the goods/services do not meet quality standards may be required.

Description of situation: (please provide details of what occurred)		

# Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information included in this document is accurate. I agree to provide additional information in a timely manner as requested. I understand that failure to provide additional information in a timely manner may result in the closure of this dispute. I understand I will only receive Final Credit if NEFCU successfully recovers the funds from the merchant.