



135 Stewart Drive, Franklin, VA 23851

Credit Union Use Only
Form received by:
Card Services Department Use Only
Date Received
Date Processed
Date Credit Given
Processed By

VISA DEBIT CARD DISPUTE FORM

Cardholder Name(s)
Debit Card Number Member #
Checking Acct #

I, agree that I am the authorized signer on the above account, maintained at Bronco Federal Credit Union.

Check only one of the following that best describes your dispute:

I have no knowledge of the transaction(s) listed. I did not authorize or benefit from the transactions(s) and I am willing to sign an affidavit to attest that I believe the transactions(s) to be fraudulent.

The transaction listed is a duplicate transaction. The original transaction posted on

I authorized the transaction(s) listed, but I did not receive the product or service for which I was charged. I have contacted the merchant(s) in question, but this matter has not been resolved. (Please complete page 2.)

I authorized a transaction to this merchant/company, but they have debited my account for the incorrect amount. I agreed to the following amount: \$. I have contacted the merchant(s) in question, but this matter has not been resolved. (Please complete page 2 and attach copies of any receipts or correspondence showing proof of the correct transaction amount.)

I initiated a previous transaction to this merchant/company, but I did not agree to the specific transaction(s) listed. I have attached a copy of the contract (or the website terms and conditions) to which I agreed and it does not include any disclosures about future charges. I have attempted to contact the merchant(s) in question, but this matter has not been resolved. (Please complete page 2.)

I initiated a previous transaction to this merchant/company, but I have cancelled the service for which I have been charged. I have contacted the merchant(s) in question, but this matter has not been resolved. (Please complete page 2 and attach a copy of this merchant's cancellation policy.)

I received an incorrect amount of money from an electronic terminal (ATM). The amount of money that was dispensed from the machine was not the amount debited from my account.

Unauthorized Transactions

Date of Transaction	\$ Amount of Transaction	Merchant Name

MERCHANT CONTACT INFORMATION

I contacted the merchant(s) on the following date: _____ by:

_____ **Telephone:** Phone # _____ Representative's Name _____

_____ **E-mail:** Address _____

_____ **In person:** Location (city and state) _____ Employee _____

Please use the space below to describe the response you received from this merchant:

I give my consent to Bronco to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this Debit Card Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

If the error you assert is an unauthorized VISA transaction, other than a cash disbursement at an ATM, Bronco will provide your account with a provisional credit within five (5) business days. At that time, the funds will immediately be available to you, and Bronco will perform an investigation. Upon completion of our investigation, if Bronco determines no error has occurred then the provisional credit will be deducted from your account.

I certify that I have no knowledge of opinion concerning the person(s) or circumstances involved in said transaction(s) except as follows or attached.

Signature

Date