



Debit Card Dispute Form
(Domestic and International)

Name: _____ Account Number: _____

Debit Card Number: _____

Transaction(s): _____

Amount(s): _____

Date(s): _____

Reason for return: _____

Member's Signature: _____

Credit Union Use Only:

Transaction Number: _____

Dispute approve\denied: _____

Denial Reason (if applicable): _____

Initial and Date: _____

***This form is to be scanned into the member's file incase Client Central calls for proof or verification of signature.**