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Debit Dispute Investigation Request
Type of Investigation: Unauthorized/ Fraudulent
Transaction(s)

- * Card Lost/Stolen
- * Transaction Not Made/Authorized

Detailed Letter of Explanation:

Dispute Letter must include:

- * date of transaction(s)
 - * merchant name(s)
 - * dollar amount(s)
- * cardholder must specifically state in letter ‘I did not authorize the following transactions’ and ‘the card was in/not in my possession’ * any other pertinent information

Name: _____ Date: _____

Member #: _____

Deposit Account #: _____

Debit Card Number: ; _____ - _____ - _____ - _____

Address: _____

E-Mail Address: _____

Phone (Home): _____ Phone (Cell): _____

To the best of my knowledge, my card was (please check one):

_____ Lost.....on approximately _____ (mm/dd/yy)

_____ Stolenon approximately _____ (mm/dd/yy)

_____ In my possession at all times when the fraudulent transaction(s) occurred

I learned of the fraud on approximately _____ (mm/dd/yy)

I reported my card lost/stolen on _____ (mm/dd/yy)

_____ I **do** _____ I **do not** have knowledge of the identity of the person(s) illegally using my name, account number or Card.

If you have such knowledge, please provide the identity of the person(s) who used your Card below:

- I did not receive any benefit from the transactions listed on the following page
- I did not authorize the charge(s) or authorize anyone else to make the charge(s). I give permission for my card to be blocked.

I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state, or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) responsible for fraud involving my Card and/or Card Account.

Member Signature _____ **Date** _____

***** PLEASE REFER TO PAGE 1 FOR DISPUTE LETTER REQUIREMENTS *****

Member Signature _____ Date _____

Debit Card Number: ____ - ____ - ____ - ____