



Debit Card Dispute

Please complete, sign and mail or fax all required documents.

Mail to: REALTORS[®] Federal Credit Union, Attn: Debit Card Dispute Dept.
9707 Key West Ave. Suite 201
Rockville, MD 20850

Fax to: REALTORS[®] Federal Credit Union, Attn: Debit Card Dispute Dept.
301.355.6845

Name	Account Number	Card Number
Street Address	City	State Zip
	() -	
Email Address	Daytime Phone	

If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please check the appropriate box on the attached page(s) that best describes your dispute.

Notice must be given of any disputed transaction, within sixty (60) days, after the closing date as printed on your statement.

If you have multiple disputes, please complete a separate worksheet for each.

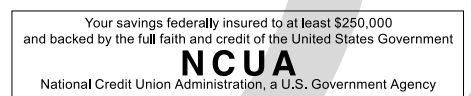
If you are disputing a transaction with a merchant, you must contact the merchant first to try and resolve the issue.

Document your conversation or information provided by the merchant.

- 1) Please make sure your form is completed with all necessary information, failure to do so may result in delay of your dispute being processed
- 2) Please fax your dispute to (301) 355-6845 ATTN: Debit Card Dispute Dept.
- 3) Please be sure to include all correspondence related to the dispute (ex. Emails, letters, name of rep. spoken with)

Failure to complete the form can result in a delay of processing, and in turn will delay any credits to your account.

Primary Member/ Authorized Signer Signature	Date
	/ /
Joint Member/ Authorized Signer Signature	Date
	/ /
Joint Member/ Authorized Signer Signature	Date
	/ /





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Account Number	Card Number	Transaction date
Merchant name	Transaction amount	Amount being disputed

I made attempts to resolve this dispute with the merchant on _____

I spoke with _____ and the merchant's response was: _____

Please provide all details that will assist in your dispute, if necessary use a separate sheet of paper.

UNAUTHORIZED TRANSACTION: Not done by myself or anyone authorized by me (in any manner)

If there has been fraudulent activity the Fraud Affidavit section must be completed and signed before the dispute can be processed.

I reported the card lost on: ____ / ____ / ____

Type of card loss:

- Stolen card number (card in possession)
- Stolen card (actual plastic card was taken)
- Lost the card
- Card was never received

PROCESSING ERROR: Pre-Authorized or Recurring Debit

- Double posting
- Incorrect amount - must provide proof of correct amount
- Credit posted as debit - must provide proof of credit
- Credit not posted - merchant has 30 days to post credit before we are able to submit a dispute
- Cancelled authorized debit

Cancellation number: _____

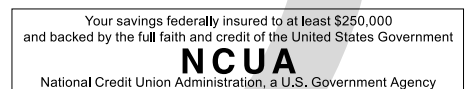
Date cancelled: ____ / ____ / ____

PAID BY OTHER MEANS

- Check - must provide front/back of cancelled check
- Credit - must provide receipt
- Cash - must provide store receipt showing cash payment

BILLING PROBLEMS (SHIPMENT)

- Merchandise not received - expected date of delivery was ____ / ____ / ____
- Merchandise damaged
- Merchandise returned and credit not processed - provide proof of return





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FRAUD AFFIDAVIT

I did not give, sell or trade my REALTORS[®] FCU debit Card to anyone nor did I give permission to use my card(s). I did not receive benefit from the unauthorized use of my REALTORS FCU Debit Card.

REALTORS FEDERAL CREDIT UNION CARD # _____

Date cardholder discovered loss: ____ / ____ / ____

Date reported to credit union: ____ / ____ / ____

Method used to block card:

- Called 800 number on back of card (888.918.7805)
- Called Phone Center (866.295.6038)
- FALCON

Has this loss been reported to the Police?

- No
- Yes (If so please provide a copy with this dispute)

Location of Station: _____

Police Report Number: _____

I declare under penalty of perjury that all statements contained in this dispute and any accompanying documents are true and correct, with full knowledge that all statements made are subject to investigation and that any false or dishonest information may be grounds for denial of your dispute or subsequent revocation of services.

Primary Member/ Authorized Signer Signature _____
Date

Joint Member/ Authorized Signer Signature _____
Date

Joint Member/ Authorized Signer Signature _____
Date