

Escondido Federal Credit Union

MasterCard Disputed Item Information Member Requirements

Return Form to:

Fax: (760) 746-1189

E-mail: efcu@ci.escondido.ca.us

Mail: P.O. Box 1957
Escondido, CA 92033

Prior to Escondido Federal Credit Union processing a dispute for an item or items charged against your MasterCard account, you must provide to us the following information in written documentation form:

- A letter detailing why you are disputing the item. The letter must include:
 - your name, address and card number
 - the amount(s) of the dispute
 - the reason(s) for the dispute
 - what steps you have taken to resolve the dispute with the merchant
- A copy of the statement on which the disputed item(s) appeared. The item should be asterisked and or highlighted.
- If applicable, copies of sales receipts or contracts for the amount of the charge.
- If applicable, any information regarding the processing of a credit by the merchant (i.e. name of a representative authorizing credit if request made by phone; credit receipt; return mail receipt for products returned)
- If applicable, proof of alternative payment made.
- For reoccurring monthly charges, a copy of the letter forwarded to the merchant or service provider requesting that future merchandise or services be stopped, with an effective date of the termination.

All written correspondence should be forwarded to:

Escondido Federal Credit Union
P.O. Box 1957
Escondido, CA 92033

If your dispute is due to a credit not being received from a merchant, please be sure that you have allowed at least 30 days from the date of your request to the merchant. Credit processing to an account is dependent upon the method used, whether it was done electronically or manually. If you have any questions, please feel free to contact us at (760) 839-6225.

Date: _____

Member's Name: _____

Member's Address: _____

Card Number: _____

Dear EFCU:

After review of my MasterCard account, I have determined that I did not authorize the certain transactions listed below, nor did any other cardholder attached to this account. Attached with this letter is a copy of my account statement, copies of any applicable documentation (i.e. sales receipts, credit slip, proof of alternate payment, or withdrawal receipt) with the unauthorized transactions highlighted. If this is a monthly reoccurring charge, a copy of my termination letter to the merchant has been included. The total amount and reason for the dispute is listed below.

Amount of Disputed item(s): \$ _____

Reason for Dispute: _____

Additional Information: _____

Thank you for your assistance in resolving this matter.

Sincerely,

Signature: _____

Dispute Information Form

Card #:

Cardholder Name: (please print)

First: _____ Last: _____

Please check only one statement that pertains to the dispute or fraud claim being filed and provide the information requested. The templates below assume the cardholder's perspective.

Unrecognized (I am not sure if I made this transaction)

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

Incorrect Amount (I was billed the wrong amount)

What was the amount you should have been billed? _____ (Please provide a receipt if available)

What was purchased? _____

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

Duplicate Charge (I have been billed more than once for the same transaction)

What was purchased? _____

Please provide a copy of the statement and identify which charge is valid and which is a duplicate.

Paid by Other Means (I paid for this transaction via another payment method or credit card)

What was purchased? _____

Paid by: (Circle One) Check Cash Another Credit Card Other _____

Please describe your attempt to resolve this dispute with the merchant in the space for **additional information** below.

Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used.

Cancelled (I was charged for something I previously cancelled)

What was purchased? _____

Were you advised of the merchant's cancellation policy? _____

If so, how were you advised? _____

What was your method of cancellation? (Circle One) Phone Mail Email Other _____

Date of cancellation: _____

Cancellation number and/or name of person you spoke with: _____

Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation in the space for **additional information** below.

If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide a copy of the email correspondence.

Merchandise not as Described (The merchandise I received was damaged, defective, or not what I ordered)

What was purchased? _____

Date the merchandise was received: _____

Date you returned the merchandise or made it available for pick up: _____

Return authorization number or cancellation number if available: _____

Tracking number for returned merchandise: _____

Please describe your attempt to resolve this dispute with the merchant and how the merchandise you received was different from what was described in the space for **additional information** below.

Fidelity National Card Services, Inc. – AFFIDAVIT OF FRAUD

PO Box 30495
Tampa, FL 33630-3495

State of _____ County of _____

I, _____, being duly sworn, deposes and says:

1. My mailing address is _____
My telephone number at home is (_____) _____ and at work is (_____) _____.
2. My Visa/MasterCard credit/debit card ("Card") was issued by _____ and the account number on which the fraud occurred is _____.
3. The above card was requested by me. YES NO
4. The following other persons were issued cards in their names with the same account number as my Card:

5. To the best of my knowledge, my Card was: **(check one of the following)**
 - Lost approximately _____
Month/Day/Year
 - Stolen approximately _____
Month/Day/Year
 - Never Received.
 - In my possession at all times when the fraudulent transaction occurred.
6. I learned of the fraud on approximately _____ I reported my Card lost/stolen on _____
Month/Day/Year Month/Day/Year
7. The Transactions listed on the following page(s) of this form were: **(check the box next to each true statement)**
 - not made, nor authorized, by me.
 - to the best of my knowledge, not made by any person who was authorized to use my Card.
 - to the best of my knowledge, not made by any person listed in Section 4 above.
8. I did not receive any benefit from the Transactions listed on the following page(s).
9. I do don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card. *(If you have such knowledge, please provide this information in the section provided on the bottom of page two.)*
10. I give 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) who may be responsible for fraud involving my Card and/or Card Account.

Primary Cardholder Signature: _____ Secondary Cardholder Signature: _____

Date: _____

Member's Name: _____

Member's Address: _____

Card
Number: _____

Dear EFCU:

After review of my account, I have determined that myself, the cardholder did not authorize certain transactions, nor did any other cardholder attached to this account. Attached with this letter is a copy of my statement, copies of any applicable documentation (i.e. sales receipts, credit slip, proof of alternate payment) with the unauthorized transactions highlighted. If this is a monthly reoccurring charge, a copy of my termination letter to the merchant has been included. The total amount and reason for the dispute is listed below.

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