

# SELFRELIANCE UKRAINIAN AMERICAN FEDERAL CREDIT UNION

## VISA<sup>®</sup> DEBIT CARD DISPUTE FORM

Member's Name: \_\_\_\_\_ Member's account number: \_\_\_\_\_

VISA<sup>™</sup> Debit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the card in your possession: Yes: \_\_\_ No: \_\_\_ ? Please note that if transactions were fraudulently posted to your account (your card or card number was stolen) *we will block your current card* and issue you a new card and PIN.

We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared. If you do not tell us within 60 days after the statement was mailed to you, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time.

Please list the transaction(s) you are wanting to dispute

Trans. Date: \_\_\_\_\_ Merchant Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Trans. Date: \_\_\_\_\_ Merchant Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Trans. Date: \_\_\_\_\_ Merchant Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Trans. Date: \_\_\_\_\_ Merchant Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

In your own words please thoroughly describe why you are disputing this (these) transaction(s). If you require more space to explain your dispute please attach an additional page.

If you have any questions please call our Bookkeeping Department at 773-328-7500 or 888-222-8571 ext.600.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax your completed form to 773-328-7546 or email it to [visadebit@selfreliance.com](mailto:visadebit@selfreliance.com) or mail it to:

Selfreliance UAFCU  
ATTN: Bookkeeping Department  
2332 W. Chicago Ave  
Chicago IL 60622