

# Disputed Item Affidavit

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Member number \_\_\_\_\_ Transaction date \_\_\_\_\_ Time \_\_\_\_\_

Type of transaction:  ACH (complete section B)  ATM or Debit card (complete sections A& B)

## SECTION A

My card is in my possession YES  NO  N/A  Lost/Stolen

My PIN number was disclosed to someone other than myself YES  NO  N/A

If yes, please explain: \_\_\_\_\_

Where do you store your PIN number? \_\_\_\_\_

Card number: \_\_\_\_\_

## SECTION B

I have examined the charges on my account and question the following transaction(s):

(Attach an additional sheet if necessary)

Merchant Name	Amount	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following explains my dispute: (please initial)

\_\_\_\_\_ I attempted to withdraw money from an ATM, the transaction posted to my account, but no funds were received. The ATM was located at: \_\_\_\_\_

\_\_\_\_\_ I did not sign a written authorization with the company.

\_\_\_\_\_ The amount of the sales slip was increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
(Enclosed is a copy of the slip prior to the alteration).

\_\_\_\_\_ The credit slip was listed as a sale on my statement. I have included a photocopy of the credit slip.

\_\_\_\_\_ I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.

\_\_\_\_\_ I was charged twice for a single transaction (exact same amount/transaction date/ merchant name).

\_\_\_\_\_ I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized. Also, my card was in my possession at the time of the second transaction.

I certify that I participated in the above transaction, but have not received the merchandise, or the merchandise is defective. (Describe your attempts to resolve the matter with the merchant, as well as, the expected date of delivery in the additional space provided on page 2.

\_\_\_\_\_ I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on \_\_\_\_\_ (date) per the merchant's instructions and have not received credit. Enclosed is a copy of the signed return receipt (If applicable).

\_\_\_\_\_ I contacted the merchant on \_\_\_\_\_ (date) and canceled the membership/insurance. (Please provide full details in the additional space provided under 'other' on page 2).

\_\_\_\_\_ I certify that the charge above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me.

\_\_\_\_\_ ATM Deposit error (wrong amount, no credit given, etc.) Provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other: Describe below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In the space below provide a detailed explanation of what led to the unauthorized transactions on your account. (Attach additional sheet if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby declare and swear that a debit entry was charged to my account at USAgencies credit union and the debit was unauthorized. I further declare that the debit transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

\_\_\_\_\_  
Cardholders Signature

\_\_\_\_\_  
Date

STATE OF OREGON

County of \_\_\_\_\_

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_  
Whose identity was established to my satisfaction, and who executed the foregoing instrument, acknowledging to me that the same was executed freely and voluntarily.

\_\_\_\_\_  
Notary Public for Oregon  
My commission expires \_\_\_\_\_

For Credit Union Use only

Written Requests:

Received Date: \_\_\_\_\_ By whom: \_\_\_\_\_

To Accounting Date: \_\_\_\_\_ Given to Whom: \_\_\_\_\_

Verbal Request:

Received Date: \_\_\_\_\_ By whom: \_\_\_\_\_

To Accounting Date: \_\_\_\_\_ Given to: \_\_\_\_\_

Date Reg E form mailed: \_\_\_\_\_ Date received: \_\_\_\_\_

Regulation E log completed

Member information verified