

Credit Union Debit Card Disputed Transaction Form

This form is to be completed by Members who are querying a transaction on their account that they did not make or looks suspicious including Fraud



- Disputed transactions must be raised within **120 days** of the Debit Card transaction on your account.
- Disputed Fraudulent transactions must be raised within **13 months** of the Debit Card transaction on your account
- A minimum threshold of €25 applies to any Disputed Transactions requests

If the transaction is deemed to be Fraud please phone Credit Union Card Services immediately on +353 (1) 693 3333

Member Full Name:

Last 4 digits of Debit Card:

Credit Union Name:

Transaction Date: Amount:

Retailer/Merchant Name:

1. Please select the most relevant Reason for your Dispute
2. Where multiple transactions are identified, please complete the 'Additional Transactions' table 1.0 below ensuring you have signed each additional page

Select	Reason for Dispute	Documents Required
1. <input type="checkbox"/>	Duplicate Transaction	<ul style="list-style-type: none"> ➤ No additional documents required
2. <input type="checkbox"/>	<p>I have not received the service/merchandise i.e.</p> <ul style="list-style-type: none"> - Company Liquidation - ATM Cash withdrawal - Non receipt of goods or service. 	<ul style="list-style-type: none"> ➤ Proof that you have tried to resolve the matter with the retailer ➤ Copies of receipts/invoices/e-mail confirmation/tickets (if none available, please confirm this in writing). ➤ Copy of Liquidation notice or proof that you will not receive the merchandise. (emails/letter from retailer).
3. <input type="checkbox"/>	The service/merchandise I have received was not as described or defective.	<ul style="list-style-type: none"> ➤ Proof that you have tried to resolve the matter with the retailer ➤ Copies of receipts/invoices/e-mail confirmation/tickets? (letter/emails etc). ➤ Proof that the goods were returned to the retailer (registered postage receipt) or proof that the services were cancelled/rejected by you in writing. ➤ The website address from which the goods were purchased if applicable. No invoice available please confirm in writing.

4. <input type="text"/>	Subscription/Continuous authority transactions that I have cancelled still being charged to my card	<ul style="list-style-type: none"> ➤ Proof of cancellation in order to charge an item back i.e. e-mails.
5. <input type="text"/>	A Refund that I was promised was not processed after 60 days	<ul style="list-style-type: none"> ➤ Proof of promise of refund showing the amount and when it was to be carried out.
6. <input type="text"/>	Fraud investigation / I do not recognise a transaction	<ul style="list-style-type: none"> ➤ Proof that you have tried to resolve the matter with the retailer where applicable ➤ Note: Does not apply to Chip and Pin verified transactions or 3D Secure.
7. <input type="text"/>	Other e.g. Car Rentals	<ul style="list-style-type: none"> ➤ Proof that you have tried to resolve the matter with the retailer. ➤ Copies of receipts/invoices/confirmation/Rental Agreement (letter/emails etc.) <p>Note: Does not apply to Parking Fines/Traffic violations</p>

1.0 Additional Transactions

Transaction Date	Statement Date	Merchant Name	Value

Please Note:

- There are strict timeframes/requirements laid down by Visa Europe/MasterCard International for Issuing Chargebacks. You must contact your Credit Union without undue delay after the transaction posts to your account.
 - For all disputed transaction cases a member must provide, where applicable, proof that they have tried to resolve the issue directly with the retailer, supplier or company along with a detailed letter advising the nature of the dispute.
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I certify that the above information is accurate to the best of my knowledge.

Signed.....

Date.....

This form must be returned to the Credit Union in order to initiate a Disputed Transaction request.