



Dispute ATM-Debit Card Transaction

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CARDHOLDER NAME _____ DAYTIME PHONE NUMBER _____

ATM-DEBIT CARD NUMBER (Please only list the last four digits of ATM-Debit card) _____ DATE _____

LIST EACH ITEM YOU WISH TO DISPUTE:

TRANSACTION DATE _____ TRANSACTION AMOUNT _____ MERCHANT _____

TRANSACTION DATE _____ TRANSACTION AMOUNT _____ MERCHANT _____

TRANSACTION DATE _____ TRANSACTION AMOUNT _____ MERCHANT _____

TRANSACTION DATE _____ TRANSACTION AMOUNT _____ MERCHANT _____

I AM DISPUTING THE ABOVE CHARGES DUE TO THE FOLLOWING REASON (Select only one reason):

- I HAVE NOT, NOR HAS ANYONE AUTHORIZED BY ME ENGAGED IN THIS TRANSACTION
- MY CARD WAS LOST ON (DATE): _____
- MY CARD WAS STOLEN ON (DATE): _____
- I HAVE NOT AUTHORIZED OR PARTICIPATED IN THIS TRANSACTION IN ANY WAY. MY CARD HAS NOT BEEN OUT OF MY POSSESSION.
- I HAVE PARTICIPATED IN ONE TRANSACTION AT THE MERCHANT LOCATION, BUT NOT THE TRANSACTION LISTED. I OR SOMEONE AUTHORIZED BY ME, WAS IN POSSESSION AND CONTROL OF ALL CARDS AT THE TIME OF THE TRANSACTION.

THE AUTHORIZED TRANSACTION AMOUNT WAS: \$ _____ TRANSACTION DATE: _____

STEPS TAKEN TO RESOLVE WITH MERCHANT:

ADDITIONAL COMMENTS:

CARDHOLDER SIGNATURE _____

DATE _____