



6001 Gibraltar Drive, P.O. Box 11269, Pleasanton, CA 94588

### ATM/Debit Card Dispute Affidavit

Name:	Card Number:
Address:	
City, State & Zip Code:	Home Phone Number:
Work Phone number:	Account Number:

**Type of Transaction (Select One):**      PIN Based      Non-Pin based (signature)

<i>Date of Transaction</i>	<i>Amount of Transaction \$</i>

**Reason for Dispute** (select one of the following reasons):

1. Unauthorized; I did not authorize this transaction, nor did I allow anyone to use my card to complete this transaction.

Name of person who complete transaction (if unknown write "unknown")

2. Card was stolen (*supply the following information*):

<i>Police Report Number</i>	<i>Place of Theft</i>
<i>Name of person who completed transaction (if unknown write "unknown")</i>	

3. Transaction was paid by another source of funds (*supply copy of the receipt showing other form of payment*).

4. Charged multiple times for the same transaction (*supply the following information*):

<i>Date of first charge</i>	<i>Date of second charge</i>

5. ATM withdrawal; card charged but cash not dispensed/received (*supply copy of receipt*).

6. ATM Deposit; Cash deposited but not credited.



6001 Gibraltar Drive, P.O. Box 11269, Pleasanton, CA 94588

7. ATM withdrawal; card charged for full amount but full cash amount not dispensed/received (*supply a copy of the receipt*)

8. ATM withdrawal not authorized (supply the following information):

Does anyone else have access to your card?      Yes                  No

I state that I am making this affidavit for the purpose of establishing a disputed transaction of my SafeAmerica Credit Union ATM/Debit Card. I did not give, sell, transfer or trade my Card to anyone nor did I give anyone permission to use my Card. The transactions detailed above were not made by me or anyone authorized by me. I further state that I did not receive any benefit from the unauthorized use of my Card. I did not use this Card or authorize the use of this Card by anyone else after I discovered the Card was lost, stolen or counterfeited. I give my consent to SafeAmerica Credit Union to release any information regarding my Card and/or Card account to any local, state and/or federal 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. I certify under penalty of perjury that this information provided by me in this Affidavit is true. I understand that making a false statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of this form visit [safeamerica.com/docs](http://safeamerica.com/docs) to access the **Secure Document Upload** page. Select **E, Solutions** from the recipient drop down menu and submit.