



DEBIT CARD NON-FRAUD DISPUTE PACKET

Dear Member,

United Community Credit Union is here to assist you in the process of recovering your funds. In order to do so we ask for your full cooperation throughout the recovery process.

Our promise is that each transaction dispute will be individually researched and investigated by our internal Fraud Department. We rely on local law enforcement to assist in our investigations as needed. Our goal is to recover your funds whenever possible. If we are unable to recover your funds for any reason you will be duly notified once that determination has been made.

Once you have completed your Debit Card Non-Fraud Dispute Packet you may be contacted by our Fraud Officer. In some instances, additional information that may be requested. Please retain all original receipts, emails, and other pertinent documentation related to your dispute. Please return all calls and requests for information as soon as possible to avoid denial of your claim. Our Fraud Officer may suggest that a Police Report be filed, depending on the circumstances surrounding the dispute. If you have already filed a Police Report please provide us with a copy for our investigation.

The cardholder must notify United Community Credit Union within sixty (60) days from the closing date of the statement on which the transaction first appeared. Please allow a minimum of (30) days to resolve non fraud disputes; however, the investigation may take up to ninety (90) days to complete. Failure to fill out the packet completely or submit necessary documentation may delay processing.

Please be sure to complete the following so that we may promptly begin our investigation:

- Statement of Fact
- Debit Card Transaction List
- Debit Card Transaction Dispute Questionnaire
- Submit copies of all documentation

Thank you,

Teresa Walker
Core Operations Manager
832-615-4007 | cardservices@unitedccu.com
13700 E Sam Houston Pkwy N.
Houston, TX 77044

NORMANDY
771 Normandy
Houston, Texas 77015

GALENA PARK
1700 16th Street
Galena Park, Texas 77547

SUMMERWOOD
13700 E. Sam Houston Pkwy N.
Houston, TX 77044

CROSBY
14028 FM 2100
Crosby, Texas 77532

DEBIT CARD TRANSACTION DISPUTE QUESTIONNAIRE

FIID: 001757

Member Name: _____

Account Number: _____

Card Number: _____ - _____ - _____ - _____

Please answer all of the following questions to the best of your ability.

I certify that my VISA debit card was:

- Lost Stolen Card not received Still in my possession

*Please select the box that most closely matches your dispute type (only one). Answer all questions marked with * for your selected dispute category.*

CANCELLATION DISPUTE

Were you advised of any cancellation policy? _____ (If yes, explain) _____

* Date of cancellation: _____ Spoke with: _____

* Cancellation number: _____

* Reason for cancellation: _____

* Describe your attempt to resolve with the merchant: _____

RETURNED MERCHANDISE DISPUTE

* Date returned: _____ Date received by merchant: _____

• If mailed, Return Merchandise Authorization Number (RMA): _____

* Shipping Company: _____ Tracking number: _____

* Reason for return: _____

• If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

* Date of credit slip: _____ Invoice/receipt number of the credit: _____

* Did the merchant refuse to accept returned merchandise or provide a return authorization?

* Select one:

- Merchant refused to provide return authorization
- Merchant refused to accept merchandise
- Merchant informed cardholder not to return the merchandise

* Describe your attempt to resolve with the merchant: _____

I paid for these goods or services by other means

* Select one: Check Cash Other bank card Other

* Describe your attempt to resolve with the merchant: _____

***Note: If selecting this dispute reason, you must supply a copy of proof of other means of payment. Proof can include another Bank Card statement, copy of the front and back of a canceled check or a cash receipt.**

Non-receipt of goods or services

* Select one: Merchandise not received Service not received

* Describe in detail what service or merchandise was ordered? _____

* I expected delivery/services on (date): _____

* Merchant unwilling or unable to provide service: Yes No (if yes, explain) _____

* Describe your attempt to resolve with the merchant: _____

* Merchant Response: _____

* If no merchant response, explain: _____

A credit transaction posted as a debit in error

* A credit for \$ _____ was posted to my account as a debit.

* Describe your attempt to resolve with the merchant: _____

*** You must supply a copy of the credit receipt received from the merchant.**

Incorrect Transaction Amount

* The amount of the transaction posted for \$ _____ but should have posted for \$ _____.

* Describe your attempt to resolve with the merchant: _____

***If available, please supply a copy of your receipt.**

I was charged two or more times for the same transaction

* Date of first charge: _____ * Date of second charge: _____

Date of third charge: _____ Date of fourth charge: _____

* Describe your attempt to resolve with the merchant: _____

Quality of services or goods, defective merchandise

- * Select one: Merchandise was defective or not as described
 Service was defective or not as described

* Describe the difference between what was ordered and what was received or provide copy of written purchase order. What was defective or why is the purchase unsuitable for your needs?

* Date cardholder received merchandise or service: _____

* Date merchandise returned: _____ * Date received by merchant: _____

• If mailed, Return Merchandise Authorization Number (RMA): _____

* Shipping Company: _____ * Tracking number: _____

• If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide with dispute

* Date services cancelled: _____ * How? _____

* Did the merchant refuse to accept returned merchandise or provide a return authorization?

* Select one:

- Merchant refused to provide return authorization
- Merchant refused to accept merchandise
- Merchant informed cardholder not to return the merchandise

* Describe your attempt to resolve with the merchant: _____

Deposit performed but not processed, or processed incorrectly

(You participated in the transaction, but did not receive the funds or did not receive the correct amount of funds. Dispute amount is limited to the amount of funds not received.)

* Date of transaction: _____ Transaction reference number: _____

* Select one:

- Did not receive funds
- I made a single attempt to deposit \$ _____ and did not receive the funds
- Did not receive the correct amount of funds
- I made a single attempt to deposit \$ _____ and received a partial amount of \$ _____

By signing you acknowledge that you are aware that United Community Credit Union will submit a dispute on your behalf and that your assistance may be required. Failure to submit documentation within the requested timeframe may result in denial of your claim.

Signature of Member

Date

INTERNAL USE ONLY

Claim taken by: _____

Teller Number: _____ Ext: _____

Date: _____

1. ___ Verify that the entire Debit Card Fraud Claim Packet has been completed.
 - a. ___ Statement of Fact
 - b. ___ Debit Card Transaction List
 - c. ___ Debit Card Transaction Questionnaire (all questions must be answered)
2. ___ Verify that every page has been signed and dated by the member.
3. ___ Give Cover of Debit Card Fraud Claim Packet to member.
4. ___ Scan the remaining pages to cardservices@unitedccu.com on date received.
5. ___ Take any other necessary action to avoid additional losses.
 - a. Add any additional comments below:
