

SEATTLE

CREDIT UNION

Error Resolution Form

Name: _____ Member #: _____ Account #: _____

Debit or ATM Card Number:

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Phone: _____ Email: _____

Provisional credit will be posted to your account within 10 business days upon receipt of the completed Error Resolution Form. Completion of the research can take up to 90 calendar days.

Initials

I give my consent to the Credit Union to release any information regarding my card &/or card account to any local, state &/or federal law enforcement agency so that the information can, if necessary, be used in the investigation &/or prosecution of any person(s) who may be responsible for fraud involving my card &/or card account.

Initials

I understand that Seattle Credit Union may require additional documents to continue their investigation including, but not limited to a written statement, receipts or other documentation to support my claim.

Initials

I authorize Seattle Credit Union to initiate criminal proceedings against the individual(s) who fraudulently used my card &/or card account and agree to, if necessary, appear as a witness in court to testify as to the facts stated on this form and give, under oath, additional statements to investigating law enforcement officers &/or to Seattle Credit Union personnel.

Signature: _____ Date: _____

My card is: Lost Stolen In my possession Never received

The transaction(s) is:

FRAUD – ATM & Point of Sale Transactions (i.e. did not initiate or authorize this transaction)

➔ Complete pages 1 & 2

NOTE: CARD NUMBER MUST BE CLOSED

I have no knowledge of the person or persons who used the card to make these withdrawals and/or purchases shown below. I have no knowledge who now has my card in their possession.

I have reason to believe the person named here may have my card and/or PIN and made these withdrawals and/or transactions.

Name _____

Address _____

City, State, ZIP _____

Other information that may help in this investigation:

DISPUTED - Point of Sale Transactions (i.e. double charged, services cancelled, etc.)

➔ Complete pages 1, 3, & 4

ATM ERROR (i.e. ATM withdrawal or deposit error, etc.)

➔ Complete pages 1 & 5

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FRAUD – ATM & Point of Sale Transactions

The following transactions are unauthorized by me. My card was closed on: _____ (Date)

	<u>Date:</u>	<u>Merchant Name/Location:</u>	<u>Amount:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____

(Attach additional sheets if necessary)

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DISPUTED – Point of Sale Transactions:

Please check the statement(s) below that best fits your situation and give additional information on the blank lines provided. **A separate Error Resolution form must be completed for each item being disputed.** POS networks require that a reasonable attempt must be made to resolve the dispute directly with the merchant before submitting a dispute claim. Seattle Credit Union reserves the right to require additional information. Failure to provide required information may result in no chargeback rights &/or reversal of the provisional credit given. **Signature is required on page 1.**

Date: _____ Merchant Name/Location: _____

Transaction amount: _____ Disputed Amount: _____

DUPLICATE CHARGE (I was billed more than once for the same transaction)

Valid Transaction \$ _____ Post Date _____

Invalid Transaction \$ _____ Post Date _____

MEMBERSHIP CANCELLATION (provide a copy of the letter, email, or fax informing the merchant of cancellation)

Date cardholder contacted the merchant after transaction posted to account: _____

Reason for cancellation: _____

Date of cancellation: _____ (No charges after this date are authorized from this merchant.)

Cancellation # _____

Was cardholder advised of cancellation policy? Yes No

If yes, what was the cardholder told? _____

MERCHANDISE HAS BEEN RETURNED (A signed proof of return or credit slip **must** be included)

What was ordered? _____

What was received? _____

Reason for returning? _____

Was merchandise suitable for the purpose intended? _____

Merchant's response? _____

I DID NOT RECEIVE THE MERCHANDISE

Date the cardholder contacted the merchant? _____

What was the outcome of the merchant contact? _____

What was the expected delivery or pick up date? _____

Did the cardholder cancel with the merchant? Yes No

When: _____

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DISPUTED – Point of Sale Transactions (continued):

I WAS OVERCHARGED FOR THE PURCHASE (A copy of the sales documentation **must** be included)

How much was the cardholder overcharged? \$ _____

I PAID BY OTHER MEANS (Proof of payment **must** be uploaded. For example, a copy of the cancelled check [front and back], a cash receipt or a billing statement from another credit card)

When did the cardholder contact the merchant? _____

What was the outcome of the merchant contact? _____

I WAS CHARGED FOR A HOTEL ROOM, WHICH WAS CANCELLED

Was cardholder advised of a cancellation policy? Yes No

If yes, what was the policy? _____

Cancellation number: _____

Cancellation date: _____

MEMBERSHIP OR SERVICE CANCELLED

I cancelled this recurring charge with the merchant on (date): _____

How was the cancellation made? _____

Cancellation number: _____

OTHER / ADDITIONAL INFORMATION THAT MAY HELP IN THIS INVESTIGATION:

ATM ERROR:

Check the option below that best describes your situation. Include all copies of ATM receipts if available.
Signature is required on page 1.

I DID NOT RECEIVE THE CORRECT AMOUNT OF MONEY WHEN THIS WITHDRAWAL WAS MADE

I received \$ _____

I requested \$ _____

Date of withdrawal: _____

Location of withdrawal: _____

I ATTEMPTED A CASH / CHECK DEPOSIT AND WAS NOT CREDITED THE CORRECT AMOUNT

I received \$ _____

I deposited \$ _____

Date of Deposit _____

Location of Deposit: _____

I DID NOT MAKE THIS WITHDRAWAL

➔ Complete pages 1 & 2

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY HELP IN THIS RESEARCH: