



## Debit Card Dispute Letter Form

Date \_\_\_\_\_

I, \_\_\_\_\_, am disputing transactions on card number \_\_\_\_\_.  
(Cardholder's Name) (Card Number)

The transaction(s) listed below are \_\_\_\_\_. I discovered these transactions when I  
(Fraud, Duplicate, Not Received)

\_\_\_\_\_.  
(was called by fraud dept., looked at my account, etc.)

I **was/ was not** in possession of my card at the time. I am disputing the following transactions:

Date	Merchant	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder's Signature \_\_\_\_\_



Federally insured by NCUA.

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