Escondido Federal Credit Union

MasterCard Disputed Item Information Member Requirements

Return Form to:

Fax: 760-203-1803
E-mail: efcu@escondido.org
Mail: P.O. BOX 1957
ESCONDIDO, CA 92033

Prior to Escondido Federal Credit Union processing a dispute for an item or items charged against your MasterCard account, you must provide to us the following information in written documentation form:

- A letter detailing why you are disputing the item. The letter must include:
 - your name, address and card number
 - the amount(s) of the dispute
 - the reason(s) for the dispute
 - what steps you have taken to resolve the dispute with the merchant
- A copy of the statement on which the disputed item(s) appeared. The item should be asterisked and or highlighted.
- If applicable, copies of sales receipts or contracts for the amount of the charge.
- If applicable, any information regarding the processing of a credit by the merchant (i.e. name of a representative authorizing credit if request made by phone; credit receipt; return mail receipt for products returned)
- If applicable, proof of alternative payment made.
- For reoccurring monthly charges, a copy of the letter forwarded to the merchant or service provider requesting that future merchandise or services be stopped, with an effective date of the termination.

All written correspondence should be forwarded to:

Escondido Federal Credit Union P.O. Box 1957 Escondido, CA 92033

If your dispute is due to a credit not being received from a merchant, please be sure that you have allowed at least 30 days from the date of your request to the merchant. Credit processing to an account is dependent upon the method used, whether it was done electronically or manually. If you have any questions, please feel free to contact us at (760) 839-6225.

Date:
Member's Name: Member's Address:
Card Number:
Dear EFCU:
After review of my MasterCard account, I have determined that I did not authorize the certain ransactions listed below, nor did any other cardholder attached to this account. Attached with this etter is a copy of my account statement, copies of any applicable documentation (i.e. sales receipts, credit slip, proof of alternate payment, or withdrawal receipt) with the unauthorized transactions nighlighted. If this is a monthly reoccurring charge, a copy of my termination letter to the merchant has been included. The total amount and reason for the dispute is listed below.
Amount of Disputed item(s): \$
Reason for Dispute:
Additional Information:
Thank you for your assistance in resolving this matter.
Sincerely,
Signature:

Dispute Information Form
Card #:
Cardholder Name: (please print)
First: Last:
Please check only one statement that pertains to the dispute or fraud claim being filed and provide the information requested. The templates below assume the cardholder's perspective.
Unrecognized (I am not sure if I made this transaction) Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.
Incorrect Amount (I was billed the wrong amount) What was the amount you should have been billed? (Please provide a receipt if available) What was purchased? Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.
Duplicate Charge (I have been billed more than once for the same transaction) What was purchased?
Please provide a copy of the statement and Identify which charge is valid and which is a duplicate.
Paid by Other Means (I paid for this transaction via another payment method or credit card) What was purchased?
Paid by:(Circle One) Check Cash Another Credit Card Other Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.
Please provide a copy of your cash receipt, the front and back of your cancelled check or a copy of your statement if another credit card was used.
Cancelled (I was charged for something I previously cancelled) What was purchased?
Were you advised of the merchant's cancellation policy?
If so, how were you advised?
What was your method of cancellation? (Circle One) Phone Mail Email Other Date of cancellation:
Cancellation number and/or name of person you spoke with:
If you cancelled by phone, please provide a copy of the telephone bill reflecting the call if available. If you cancelled by email, please provide a copy of the email correspondence.
Merchandise not as Described (The merchandise I received was damaged, defective, or not what I ordered)
What was purchased?
Date the merchandise was received:
Date you returned the merchandise or made it available for pick up:
Return authorization number or cancellation number if available:
Tracking number for returned merchandise: Please describe your attempt to resolve this dispute with the merchant and how the merchandise you
received was different from what was described in the space for additional information below.

Service not as Described (The service I received was not what I expected based on the description provided by the merchant)
What was purchased?
Date the service was received:
Date you cancelled or attempted to cancel the service:
Was merchandise received with the service? If yes, please provide the following:
Date you returned the merchandise or made it available for pick up:
Return authorization number or cancellation number if available:
Tracking number for returned merchandise:
Tracking number for returned merchandise: Please describe your attempt to resolve this dispute with the merchant and how the service you received was different from what was described in the space for additional information below.
Credit not Processed (I did not receive credit that was promised to me by the merchant) What was purchased?
Expected date of credit:
Date merchandise or service was received:
Date merchandise or service was returned or cancelled:
If credit is for merchandise, please provide the following:
Date you returned the merchandise or made it available for pick up:
Return authorization number or cancellation number if available:
Tracking number for returned merchandise:
Please describe your attempt to resolve this dispute with the merchant and your reasons for cancellation/return in the space for additional information below.
Please provide a copy of the return receipt or proof of return, such as a postal receipt if applicable. Please provide any documentation you have, such as a credit voucher, that supports your claim the merchant promised you a credit.
Non-Receipt of Merchandise or Service (I did not receive the merchandise or service I ordered by the agreed upon date) What was purchased?
What was purchased? Date you expected to receive the merchandise or service:
If merchandise, was it to be shipped or picked up?
Please describe your attempt to resolve this dispute with the merchant in the space for additional information below.
Additional Information (Please provide additional information required for the dispute type and a full description of your interaction with the merchant from purchase to your last contact. Attach additional pages if necessary.)
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the determine the correct reason code based on information

Note: FIS has final responsibility to determine the correct reason code based on information provided and investigation results.

Print Form

Fidelity National Card Services, Inc. – AFFIDAVIT OF FRAUD PO Box 30495 Tampa, FL 33630-3495

Stat	e of		County of			
l,			, being duly sworn, deposes and says:			
1.						
	My tel	ephone number at home is ()	and at work is ()			
2.	. My Visa/MasterCard credit/debit card ('Card') was issued by and the account number on which the fraud occur is .					
3.	The al	ove card was requested by me.	☐ YES ☐ NO			
4.	The following other persons were issued cards in their names with the same account number as my Card:					
5.	To the best of my knowledge, my Card was: (check one of the following)					
		Lost approxim	Month/Day/Year			
		Stolen approxim	Month/Day/Year			
		Otololi approxim	Month/Day/Year			
		Never Received.				
		In my possession at all times when	the fraudulent transaction occurred.			
6.	I learned of the fraud on approximately reported my Card lost/stolen on Month/Day/Year Month/Day/Year					
7.	The T	ransactions listed on the following pa	ge(s) of this form were: (check the box next to each true statement)			
11	, III	not made, nor authorized, by me.	3-1-7			
8.			ade by any person who was authorized to use my Card.			
		to the best of my knowledge, not made by any person listed in Section 4 above.				
	the state of the s					
9.	I do don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card. (If you have such knowledge, please provide this information in the section provided on the bottom of page two.)					
10.	l give	consent to my financial institution to	elease any information regarding my Card and/or Card Account to any federal, hat the information can, if necessary, be used in the investigation and/or esponsible for fraud involving my Card and/or Card Account.			
	rimary ardhold	er Signature:	Secondary Cardholder Signature:			

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ase provide five (5) examples of your signature below	
Primary Cardholder Signature	Secondary Cardholder Signature
you have done business with the merchant(s) listed at	pove, in the past, and think that this may be a billing error,
you have done business with the merchant(s) listed at ease provide any information you have in the space be	pove, in the past, and think that this may be a billing error, below. This information will allow us to properly dispute th
you have done business with the merchant(s) listed at ease provide any information you have in the space be	elow. This information will allow us to properly dispute the
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you have done business with the merchant(s) listed at ease provide any information you have in the space be ansaction(s) with the merchant.	who used your account number or Card, please provide a
you have done business with the merchant(s) listed at ease provide any information you have in the space be ansaction(s) with the merchant. you have any knowledge of the identity of the person to formation you have in the space below. If you have file	who used your account number or Card, please provide all a police report, please attach a copy of the report, or
you have done business with the merchant(s) listed at ease provide any information you have in the space be ansaction(s) with the merchant. you have any knowledge of the identity of the person to formation you have in the space below. If you have file	who used your account number or Card, please provide a
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Date:
Member's Name: Member's Address:
Card
Number:
Dear EFCU:
After review of my account, I have determined that myself, the cardholder did not authorize certain transactions, nor did any other cardholder attached to this account. Attached with this letter is a copy of my statement, copies of any applicable documentation (i.e. sales receipts, credit slip, proof of alternate payment) with the unauthorized transactions highlighted. If this is a monthly reoccurring charge, a copy of my termination letter to the merchant has been included. The total amount and reason for the dispute is listed below.
Amount of Disputed item(s): \$
Reason for Dispute:
Additional Information:
Thank you for your assistance in resolving this matter.
Sincerely,
Signature: