

DEBIT CARD DISPUTE TRANSACTION

HOWARD UNIVERSITY EMPLOYEES FEDERAL CREDIT UNION

ACCOUNT/TRANSACTION INFORMATION

Name _____

Account Number _____

Debit card number (16 digit) _____

Amount of Debit/ATM Withdrawal _____

Date of Debit _____

Merchant name _____

The cardholder letter should describe the error; explain why they believe an error has occurred, and how they have tried to resolve the error with the merchant. Cardholders please provide any correspondence with merchant as support for the dispute.

Requirement: Clearly stated reason for the dispute in writing and sign:

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature _____

Date _____