

Notice of Move Money or Bill Pay Dispute

Member Name:			Total Amou	ınt Disputed:	Link the Antology of all allowed and the constraints of the constraints.	
Account Number:			Transaction	Posting Date:	List the total of all disputed items, not including fees.	
Email Address:			Payee Nan	ne:	If multiple, list on second sheet	
Daytime Number:	Please list primary personal e	mail address			If multiple, list on second sheet	
Daytime Number.	Best contact number					
Statement						
I have not, nor has anyone authorized by me, participated in this transaction.						
I discovered the first transaction(s) on: I notified the Credit Union about the disputed transaction(s) The first transaction posted to my account on:						
I filed a police rep	ort with the City of		Date		Report #	
Note: If you have filed a police report, please provide a copy with your claim.						
Reason for Dispute						
	s transaction for the fo					
Account not debited	·			ved. Unable to locate transaction.		
Amount incorrect.	·					
Not Authorized (Fraud)* Not Authorized (Non Fraud)* *Use the area below to explain; attach a separate sheet if necessary.						
List of Unauthorized Transactions Transaction Posting Date \$ Amount of Transaction Payee Name						
I ransaction	i rosting Date	\$ Amount of Transa	ction		Payee Name	
		1				
		1				
Member Signature						
Member Signature Date						