



70 Westview Street
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DEBIT MASTERCARD® EFT ERROR RESOLUTION REQUEST

Date: _____ **Cardholder Name:** _____

Cardholder's Daytime Phone: _____ **Evening Phone:** _____

Address: _____

Account Type: _____ **Member Number:** _____

Debit Mastercard® Number: _____ *(No. must match card used for purchase.)*

Please provide details regarding the processing error or unauthorized transaction information below:

Check ALL applicable boxes.

- I did not authorize or participate in the following transaction(s).
- The amount of the transaction below differs from the amount that I authorized at the merchant or terminal location.
I authorized \$_____.
- I do not recognize the transaction presented below.
- I authorized one transaction in the amount of \$_____.
However, this amount has been deducted from my account _____ (#) times.
- I authorized the following transaction; however, it was taken from the wrong account.
It should have been removed from account number _____.
- I did not receive the cash or merchandise represented by the transaction listed below.
- I have my card in my possession.
- I have reported my card lost/stolen. I reported this on _____ (date).
- I have my receipt.
- I do not have my receipt.

I have attempted to resolve this dispute with the merchant by:

Additional Comments or Information:

Total Amount: \$ _____

Cardholder Signature: _____ **Date:** _____

Cardholder Signature: _____ **Date:** _____



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 ERROR RESOLUTION REQUEST**

I did not authorize the following charges:

DATE	MERCHANT	AMOUNT

_____ _____
Member Signature **Date**

Statement Taken By: _____ Date: _____

Branch: _____ Dispute Filed: _____

Dispute Resolved: _____ Cardholder Notified: _____