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DEBIT MASTERCARD® DISPUTE FORM

Date: _____ **Cardholder Name:** _____

Daytime Phone Number: _____ **Evening Phone Number:** _____

Cardholder Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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

Debit Mastercard® Number*: _____

*Must match the card used for purchase.

Please provide details regarding the processing error or unauthorized transaction information below (*Check all that apply*):

- I did not authorize or participate in the transaction(s).
- The amount of the transaction(s) differs from the amount that I authorized at the merchant or terminal location.
I authorized \$ _____.
- I do not recognize the transaction(s) presented.
- I authorized one transaction in the amount of \$ _____. However, this amount has been deducted from my account _____ (#) times.
- I authorized the 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(s).
- 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:

Cardholder Signature: _____ **Date:** _____

