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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:** _____



I did not authorize the following charges:

[illegible]

Date _____

Dispute Resolved: _____ **Cardholder Notified:** _____