



# Western New York FEDERAL CREDIT UNION

## VISA Debit Card Dispute Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

16 Digit Card Number: \_\_\_\_\_

Transaction Date:	Merchant Name:	Dollar Amount:
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____

At the time of the transaction(s), please indicate status of card: (check one)

- Card Lost    Date card was Lost    \_\_\_/\_\_\_/\_\_\_
- Card Stolen    Date card was Stolen    \_\_\_/\_\_\_/\_\_\_
- Card still in Accountholder's possession

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_