

DISPUTE OF DEBIT CARD TRANSACTIONS

DEBIT CARD NUMBER:

MEMBER NAME:

MEMBER NUMBER:

DATE:

To Mainstreet Credit Union:

This is to advise you that I am disputing one or more transactions made against my check card. I did not authorize or engage in these transactions:

MERCHANT	DATE	AMOUNT
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My card was lost _____

My card was stolen _____

My card was counterfeited _____

SIGNATURE

PHONE NUMBER