

1440 Rosecrans Avenue, Manhattan Beach, CA 90266 800.854.9846 | kinecta.org

Consumer ATM/Debit Card Dispute Form

SECTION 1 DISPUTE INFO	This form may be used to file an ATM / Debit Card dispute on transaction(s) caused by error, fraud, or unauthorized activity. This dispute form can be faxed or mailed directly to our ATM / Debit Dispute department at fax number 310.727.8221 or mailed to Risk Operations CU76 c/o Kinecta Federal Credit Union 1440 Rosecrans Avenue, Manhattan Beach, CA 90266. If you have any questions regarding the status of this dispute, you may contact us at 800.854.9846. NOTE: If additional space is needed for section 2, 3 and/or 4 below, please include additional sheet with membership number, date and signature.								
SECTION 2 MEMBER INFO	Name (First, Middle,	Membership #				Share ID(s)			
	Address			City		Sta	ate	Zip	
	Work Phone		Н	Home / Cell Phone		Last 4 Digits of Card			
	Please record the transaction(s) that are being disputed as error/fraud/unauthorized in the table below. All fields below should be completed.								
SECTION 3 TRANSACTION INFO	Transaction	Transaction Date (Example: ATM Withdrawal/Di			Transaction Type isburse Error, Merchant Purchase, Online Transaction)			ery Date	Transaction Amount
SECTION 4 MEMBER'S STATEMENT	To the best of your knowledge, please provide a detailed description of your dispute.								
MEN	QUESTIONS FOR MEMBER								
	Status of card?								
	Do you have any knowledge of who might have conducted the transaction(s) recorded in section 2? Yes No Have you benefited financially from any of the transactions listed in section 3? Yes No								
	Member's Signature (I affirm that the information furnished above is true to the best of my knowledge.)						1	Date of Dispute	
Service Center # Teller # Date Request Received By In Person Phone Fax									