



# New England Federal Credit Union

## Written Confirmation Requirements:

NEFCU requires the consumer to give written confirmation of disputed electronic funds transfer transaction(s) within 10 Business days of oral notice. Please complete the information requested below, and return it to us at the following address or drop it off at your nearest branch.

NEFCU  
PO Box 527  
Williston, VT 05495  
Attn: Cardholder Services  
Or Fax: 802-764-6554

Debit Business Cards and transactions are not protected under Federal Regulation E and will **NOT** be subjected to the provisions of consumer liability.

## Statement of Occurrence of Disputed Electronic Funds Transfer

This form will help NEFCU complete an investigation regarding your claim for a disputed transaction on your account(s) with us. Please fill out this form in its entirety.

Please tell us in your own words what happened:

*I represent and warrant that I have disclosed all facts as I know them.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**Statement of Occurrence of Disputed Electronic Funds Transfer**

Member name: \_\_\_\_\_ Card number: \_\_\_\_\_  
Transaction date: \_\_\_\_\_ Member number: \_\_\_\_\_  
Transaction amount: \$ \_\_\_\_\_ Dispute amount: \$ \_\_\_\_\_  
Primary phone number: \_\_\_\_\_ Account number: \_\_\_\_\_  
Merchant name: \_\_\_\_\_

Has the card already been cancelled?  Yes  No (if no, please explain below)

**Please check the appropriate box below that most closely matches your dispute type. Your signature is required.** Return this form and any supporting documents (receipts, communication to/from the merchant, etc) so that your dispute can be processed in a timely manner. Please answer all appropriate questions below. Attach a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed above.

**Cancellation dispute** (*the transaction is cancelled before the merchandise/service was received*):

Date of cancellation: \_\_\_\_\_ Contact at Merchant: \_\_\_\_\_

Reason: \_\_\_\_\_

Were you advised of any cancellation\* policy?  Yes  No (\*Terms and Conditions)

Did you meet the cancellation requirements?  Yes  No (if no, please explain below)

Please explain how you cancelled the transaction:

**Returned item dispute:**

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

Date received by merchant: \_\_\_\_\_ If mailed, tracking number: \_\_\_\_\_

Shipping Company: \_\_\_\_\_

If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

Date of credit: \_\_\_\_\_ Invoice/receipt number of the credit: \_\_\_\_\_

**I was charged two or more times for the same transaction:**

Date of first charge: \_\_\_\_\_ Date of second charge: \_\_\_\_\_  
Date of third charge: \_\_\_\_\_ Date of fourth charge: \_\_\_\_\_

**I did not receive cash from an ATM withdrawal, or received the incorrect amount of cash, on:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Requested amount: \$ \_\_\_\_\_ Received amount: \$ \_\_\_\_\_  
Was this at a NEFCU ATM?  Yes  No; Location of ATM: \_\_\_\_\_

**I paid for these goods or services by other means:**

If selecting this dispute reason, you must supply a copy of proof of that payment. Proof can include another account or card statement, copy of the front and back of a canceled check, or a cash receipt.

Check  Cash  
 Other Credit Union Card  Credit Card  
 Other: \_\_\_\_\_  
Spoke with: \_\_\_\_\_ On (date): \_\_\_\_\_

**Non-receipt of goods or services:**

Merchandise not received. I expected delivery/services on (date): \_\_\_\_\_  
 Merchant was unwilling or unable to provide service. Please explain the situation:

**A credit transaction posted as a debit in error:**

If selecting this dispute reason, you must supply a copy of the credit receipt received from the merchant.  
A credit for \$ \_\_\_\_\_ was posted to my account as a debit.

**Incorrect transaction amount:**

If selecting this dispute reason, you must supply a copy of your receipt showing the correct amount.  
Transaction posted for: \$ \_\_\_\_\_  
Transaction should have posted for: \$ \_\_\_\_\_

**Quality of services or goods dispute:**

Describe the difference between what was ordered and what was received (what was defective or why the purchase is unsuitable for your needs):

Date returned: \_\_\_\_\_ Date received by merchant: \_\_\_\_\_

If mailed, Return Merchandise Authorization Number (RMA):

Tracking number: \_\_\_\_\_ Shipping Company: \_\_\_\_\_

If you have a credit slip or voucher or a refund acknowledgement that has not posted please provide:

Date of credit: \_\_\_\_\_ Invoice/receipt number of the credit: \_\_\_\_\_

**For all situations, please describe your attempt to resolve with the merchant:**

Spoke with: \_\_\_\_\_ On (date): \_\_\_\_\_

Merchant's response:

**Additional information or comments:**

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_