

ATM/DEBIT CARD PIN BASED TRANSACTION DISPUTE FORM

Member Information:

Name	Account Number	Today's Date	
Address	City	State	Zip
Daytime Phone Number	Last four digits of card number:		

Information on Disputed item:

Date of Transaction	Amount
Date of Transaction	Amount
Date of Transaction	Amount
Date of Transaction	Amount

Instructions

This form is for reporting unauthorized PIN based transactions or posting errors.

- Complete all sections of this form.
- Print information requested and sign your name
- Mail to: Parishioners Federal Credit Union 2355 Crenshaw Blvd Suite 100 Torrance, CA 90501 **OR**
- Fax to: Parishioners Federal Credit Union, 310 320 2405

To help us assist you, please answer the following questions to the best of your knowledge.

1. Are you currently in possession of your card? Yes ___ No ___
If no, when did you discover your card was missing? _____
2. Was your card lost ___ or stolen ___? Reported to whom? _____ When? _____ Police Report Number: _____
3. When was the last time you used your card? Date _____ Amount _____
4. Where is your ATM/Debit card kept? _____
5. Where is your secret code kept? _____
6. Did you write your secret code on your card? _____
7. Did you carry your secret code with your card? _____
8. Have you ever authorized anyone to use your card? Yes ___ No ___
If yes, who? Whom did you authorize? _____
If no, do you suspect someone may have used your card? Yes ___ No ___
Who? _____

I personally have fully and accurately reported to the Credit Union all of the information, knowledge or facts I possess concerning the PIN based transactions reported above and I authorize Parishioners to verify this information. Should anything else concerning this matter come to my attention, I will immediately report the same in writing to the Credit Union. I further state that the PIN based transaction was not originated with fraudulent intent by me or by any person acting in concert with me. I declare I did not receive any benefit from the unauthorized use and that the signature below is my own signature.

I certify under penalty of perjury that the foregoing is true and correct. In addition, I certify my personal identification number (PIN) was held in strict confidence. I did not write my PIN on my card or any material carried near or with my card nor did I let anyone use my card or tell anyone my PIN.

Furthermore, if this report concerns one or more unauthorized PIN based transactions, I agree to assist the Credit Union and the appropriate law enforcement authorities in any investigation of this matter and, if needed, to be a witness in any hearing, proceeding or action brought against the person(s) responsible for the transaction(s).

Member's Signature

Date