



# Coastal New England FCU

## AFFIDAVIT OF UNAUTHORIZED EFT TRANSACTION(S)

Card Number: \_\_\_\_\_

Date Customer Initially Notified Credit Union of EFT Error: \_\_\_\_\_

This form must be completed as accurately as possible. All questions must be answered completely. Failure to answer all questions may affect the outcome of your claim. Claims for resolution of unauthorized transactions or merchant disputes must be reported to us within 60 days of the Credit Union's transmittal of the account statement (in which the transaction appears) to the customer. The credit union must wait 30 days after filing your claim for merchant disputes. All claims must provide a working contact number.

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_  
The error concerns my:

\_\_\_\_\_  
Account Number:

**Please mark the applicable statements regarding the unauthorized or disputed transaction(s) and supply copies of all pertinent documents.**

### METHOD OF DISCOVERY

I received my monthly statement on \_\_\_\_\_ and noted that there is an unauthorized transaction on it or an error.

I inquired regarding my accounts by telephone or internet on \_\_\_\_\_ and noted that there is /are unauthorized transaction(s) on it or an error.

I received an overdraft notice that caused me to discover an unauthorized transaction or error on \_\_\_\_\_.

### UNAUTHORIZED USE

I had possession of my card until \_\_\_\_\_ at which time it was lost or stolen.

I reported my card lost \_\_\_\_\_ or stolen \_\_\_\_\_ on \_\_\_\_\_.  
Please describe where the card may have been lost or stolen.

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While a police report is not required, I did file a police report on \_\_\_\_\_.  
Please provide the police department name, police report number and name of the officer:

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Was the PIN number on or with the card? \_\_\_\_\_ If yes, where was the PIN number located?

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Have you given or shared your PIN number with anyone? \_\_\_\_\_ If yes, who and when.

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Have you ever permitted anyone to use your card for any reason? \_\_\_\_\_ If yes, who and when.

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I presently have possession of my card. The transaction(s) could have occurred (explain):

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I suspect \_\_\_\_\_ of obtaining and using my card for unauthorized transaction(s). Please provide their contact information and possible reason:

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**ERROR**

I was debited for an incorrect amount. My receipt shows \_\_\_\_\_. However, my account was debited \_\_\_\_\_. (Please provide a copy of the receipt.)

The transaction was paid for by other means; therefore, my debit card should not have been charged. (Please provide a copy of receipt)

I was charged more than one time for the same transaction. Date of first charge \_\_\_\_\_. Dates of subsequent charges. \_\_\_\_\_

**MERCHANT DISPUTE**

I had a recurring charge(s) for services that were charged through my debit card, but cancelled the related service on \_\_\_\_\_. However, I am still being debited for this service.

I purchased the merchandise for which I was charged on \_\_\_\_\_, but returned it on \_\_\_\_\_. I have not received credit for this return. (Please provide the date and person you spoke with and any written correspondence with merchant) \_\_\_\_\_

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I have not received the merchandise that was to be shipped to me, but I was still charged by the merchant. Expected date of delivery was \_\_\_\_\_. (Please provide the date and person you spoke with and any written correspondence with merchant) \_\_\_\_\_

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I agree to notify the credit union if I receive credit for this dispute from the merchant. YES NO (circle one)

**DETAILED INFORMATION**

Amount of Claim: \_\_\_\_\_

Amount of Fees: \_\_\_\_\_

Date of Transaction	Merchant Name / Location	Amount of Transaction

Please provide any other information regarding your claim:

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**WARNING:** You are cautioned that knowingly giving a false answer may subject you to criminal prosecution for perjury under Massachusetts law, punishable by imprisonment or fine.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Coastal New England Federal Credit Union Employee Signature Date