



New England Federal Credit Union

Written Confirmation Requirements:

NEFCU requires the consumer to give written confirmation of unauthorized 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 for Unauthorized Electronic Funds Transfer

Member name: _____ Card number: _____

Transaction Date: _____ Member number: _____

Primary phone number: _____ Account number: _____

All unauthorized (fraudulent) transactions must be listed in detail on the second page of this document.

At the time of the unauthorized fraudulent transaction(s), my card was:

- In my possession Never received
- Lost; date lost: _____ Stolen; date stolen: _____

Date you first noticed the first unauthorized transaction(s): _____

Date you notified NEFCU & card blocked: _____

Was law enforcement notified? Yes No

Date law enforcement was notified? _____

Report/case number: _____

Have you ever provided your PIN number to anyone else? Yes No

Do you understand what kind of services/products you were fraudulently charged for? Yes No

Are you willing to prosecute any person who attempts to defraud NEFCU? Yes No

I complete this Cardholder Dispute Form for the purpose of establishing the unauthorized use of my NEFCU Card. By signing below I am certifying all the following answers as well as the information on this form:

- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
 True False
- I did not use my card, authorize the use of my card by anyone else, nor have any knowledge that any family member performed any transaction(s) on or after the date of the first fraudulent transaction indicated below. True False
- I did not receive any benefit from the unauthorized use of my NEFCU Card nor from any of the unauthorized transactions that occurred. True False
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it. True False

Member Signature: _____ Date: _____

In order to process this report, the indicated card will be cancelled immediately and will no longer be valid. All fraudulent transactions must be listed in detail on the second page of this document.

Complete Listing of Unauthorized Electronic Funds Transfer Transactions

Member Name: _____

Card Number: _____

Total amount of unauthorized transactions: \$ _____

Total number of unauthorized transactions: _____

1. Date: _____ Amount: \$ _____ Merchant Name: _____
2. Date: _____ Amount: \$ _____ Merchant Name: _____
3. Date: _____ Amount: \$ _____ Merchant Name: _____
4. Date: _____ Amount: \$ _____ Merchant Name: _____
5. Date: _____ Amount: \$ _____ Merchant Name: _____
6. Date: _____ Amount: \$ _____ Merchant Name: _____
7. Date: _____ Amount: \$ _____ Merchant Name: _____
8. Date: _____ Amount: \$ _____ Merchant Name: _____
9. Date: _____ Amount: \$ _____ Merchant Name: _____
10. Date: _____ Amount: \$ _____ Merchant Name: _____
11. Date: _____ Amount: \$ _____ Merchant Name: _____
12. Date: _____ Amount: \$ _____ Merchant Name: _____
13. Date: _____ Amount: \$ _____ Merchant Name: _____
14. Date: _____ Amount: \$ _____ Merchant Name: _____
15. Date: _____ Amount: \$ _____ Merchant Name: _____

Additional Information: