



## To Dispute an ACH or Debit Card Transaction

1. **Attempt to contact the merchant.** Prior to disputing charges, you must make every effort to resolve the dispute with the merchant. If contact has been made with no resolution or there is no means of contact, you will have to complete a "Written Statement of Unauthorized ACH Debit" form.
  - If you initiate the dispute process orally, the Credit Union will start the investigation, but will require the form and other documentation (described below) be submitted to us within ten (10) business days.
2. **Trial offer merchants often enroll you into other offers when you accept and agree to their terms and conditions.** Remington Federal Credit Union suggests that you contact these merchants and request a credit. Ask for a supervisor if needed when you contact the merchant. Most trial merchants will issue a credit within the first 30 days.
3. **Transactions must be submitted for dispute within sixty days after we sent the FIRST statement on which the problem occurs due to VISA regulations.**
4. **The "Written Statement of Unauthorized ACH Debit" form should include copies of documentation to support your dispute.** The Credit Union will need the signed form, results of your contact with the merchant, copies of proof of returns, credit slips, cancellation numbers, and date cancelled where applicable. If the appropriate documentation is not supplied, it may result in a processing delay and/or delayed issuance of a provisional credit.
5. **Submitting the dispute form.** Once the form is received and we have all the documentation, we will begin/finish the dispute process and provide a provisional credit to the account within 10-45 business days.
  - Dispute forms can be submitted at the office.
  - Faxed to 315-894-9926
  - Mailed to P.O. Box 388, Ilion, NY 13357
  - Emailed to [lherringshaw@remingtonfcu.com](mailto:lherringshaw@remingtonfcu.com) (For security reasons please omit your member number and provide the last eight digits of your card number when using this method)
6. **Questions:** If you have any questions please contact the office at:  
315-894-9924 ext. 223

## Written Statement of Unauthorized ACH Debit

### Account / Transaction Information

Member Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Transaction Amount \_\_\_\_\_ Transaction Date \_\_\_\_\_  
Company Name/Reg E Address \_\_\_\_\_  
Debit Card Number (if applicable) \_\_\_\_\_

### Statement

I hereby attest that (1) I have reviewed the circumstances of the above electronic ACH debit to my account, (2) the debit was not authorized, and (3) the following, to the best of my ability to identify, is the reason for that conclusion:

- \_\_\_ I did not authorize, or have never authorized the company listed above to debit my account.
- \_\_\_ I revoked the authorization I had given to the company to debit my account before the debit was initiated.
- \_\_\_ My account was debited before the date I authorized.
- \_\_\_ My account was debited for an amount different than I authorized.
- \_\_\_ I authorized the company listed above to originate one or more ACH entries to debit funds from my account, but on \_\_\_\_\_, 20\_\_\_\_ I revoked that authorization by notifying said company in the manner specified in the authorization.
- \_\_\_ My share draft or check was improperly processed electronically.
- \_\_\_ Other (Please describe your reason in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signature

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit transaction above was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety, and attest that the information provided on this statement is true and correct.

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

For Office Use Only

Employees Initials: \_\_\_\_\_  
Date: \_\_\_\_\_