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MasterCard Debit Card Disputes and Fraud Claims

For the credit union to process your MasterCard dispute or fraud claim in a timely manner, please follow this comprehensive member guide.

Eastpointe Community Credit Union's policies and procedures for processing fraudulent and disputed transactions are governed by the Electronic Funds Transfer Act and Regulation E.

Cardholder Dispute

When you submit a dispute, the credit union is acting on your behalf between you and the merchant. MasterCard will make the final decision as to whether or not the credit union is authorized to charge back the merchant for your purchase. If MasterCard consents to your dispute, a charge back is filed with the merchant and you will be reimbursed. Should MasterCard deny your dispute you will not be credited. *Note: Per regulation; the credit union will only process transaction disputes greater than \$50.00. Members are fully responsible for disputes less than \$50.00.*

Prior to the credit union submitting a dispute on your behalf, you must first attempt to work out the dispute directly with the merchant. Documentation of your attempt may be requested by the credit union prior to submitting your request to MasterCard.

A cardholder dispute occurs when you have a disagreement with a merchant about a charge. The following are examples of disputes:

1. You cancelled a transaction with a merchant, but the merchant charged you anyway (i.e.: you used your debit card to reserve a hotel room but cancelled with the hotel within the required timeframe and were charged anyway).
2. You purchased an item with your debit card and later returned the item to the merchant; however your account was not credited.
3. You were charged twice for the same purchase.
4. You attempted to withdraw funds at an ATM, but the cash was not disbursed from the machine and your account was debited.
5. You used your card to "hold" a purchase, then paid for the purchase using another method of payment, and your debit card was also charged.
6. You were charged an incorrect amount for a transaction.
7. You have an issue with the quality of the goods and/or services provided.

How we process your dispute greater than \$50.00

Timely notice is critical! Regulation requires that you notify the credit union within two (2) business days of the date you first become aware of the transaction. Failure to notify us within two (2) business days increases your liability from \$50 to \$500. If you do not notify us within sixty (60) days from when the transaction appeared on your statement, you are liable for the entire amount of the disputed transaction.

What we need from you to process your claim:

1. Cardholder Dispute Form
2. Statement of Occurrence
3. All documentation supporting the transaction and your attempt to first work out the dispute with the merchant.

Eastpointe Community Credit Union claim process:

1. ECCU will review your submission for completeness and verify that the amount of your dispute is greater than \$50.00.
2. ECCU has ten (10) business days to process your claim. The dispute process can take up to forty-five (45) days; however if we cannot complete our investigation with a ten (10) day period, we will provide you with a provisional credit to your account for the amount of the dispute, less \$50.00. Note: If MasterCard determines that we cannot charge back the merchant for your transaction, we will withdraw the full amount of the provisional credit from your account within three (3) days of notifying you of the results.
3. You will be notified of the results in writing once the investigation is complete.

Fraudulent Transactions

A fraudulent transaction occurs only when you have no knowledge of who used your card and you can state with certainty that you were not aware of the transaction. You must notify the credit union within two (2) business days upon discovering fraud. You will be required to sign an affidavit attesting to the fact that you have no knowledge of who completed the transaction(s) in question. The credit union reserves the right to require you to complete a police report if we deem it necessary for our investigation. You are responsible for all transactions you authorize using your Debit Card if you voluntarily permitted someone else to use your card and/or your PIN number.

What we need to process your claim:

1. Cardholder Fraudulent Transaction Dispute Form
2. Statement of Occurrence
3. Signed Affidavit of Fraudulent Use of a Debit or ATM Card

How Eastpointe Community Credit Union will process your fraud claim:

1. We will begin processing your claim as soon as you notify us. You may notify us in writing, over the phone, or in person at any of our branch locations.
2. ECCU has ten (10) business days to process your claim. The claim process may take up to forty-five (45) days; however if we cannot complete our investigation within a ten (10) day period, we will provide you with a provisional credit to your account for the amount of the claim. Note: if your claim is determined by MasterCard to be invalid, we will debit your account for the entire amount of the provisional credit within three (3) days of completing our investigation.
3. You will be notified in writing once our investigation has been completed.

**Our business days are Monday through Friday. Credit Union Holidays are not included.*



Affidavit of Fraudulent Use of a Debit or ATM Card

I make this affidavit for the purpose of establishing the fraudulent use of card(s). I did not give, sell or trade my card or card information to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my debit card.

I certify that my ATM/Debit Card was:

Lost/Stolen Card not received Counterfeit Fraudulent use of card

and the following transactions were not made by me or anyone authorized to use my card.

Name: _____

Home Phone: _____ Work Phone: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Card Number: _____

Did you report this loss to law enforcement? Yes No

Total Amount of Unauthorized Transactions: \$ _____ Date of First Fraudulent Transaction: _____

Date Cardholder Discovered Loss: _____ Date Cardholder Reported Loss to CU: _____

Can you identify the unauthorized user? If so, please provide details about this individual below.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

I did not authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen, or counterfeited. I have examined all of the unauthorized transactions and in each instance I did not originate the transaction or authorize it. Further, I did not receive any of the proceeds or benefits of any such item(s) on the above total. I give my consent to Eastpointe Community Credit Union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. **I swear this affidavit is true and understand that making a false statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and prosecution.**

Primary Member's Signature: _____

Joint Member Signature (if applicable): _____

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____.

Notary Public _____



Cardholder Fraudulent Transaction Dispute Form

Name: _____ Account Number: _____

Card Number: _____

Please list unauthorized transactions below. If necessary, you may provide additional information on a *separate sheet*.

Type of transaction (select one): PIN Based Non-PIN Based (signature)

Transaction Date	Merchant Name	Transaction Amount

Total amount of fraudulent transaction(s): \$ _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.

If you reported this loss to law enforcement, please provide the following:

Date of Report Filing: _____ Police Report Number: _____

Jurisdiction: _____ Officer's Name: _____

Officer's Phone Number: _____

To submit, please fax or mail completed and signed form along with any request supporting documentation to the address below. You may also drop this form off at Eastpointe Community Credit Union

Eastpointe Community Credit Union
22544 Gratiot Avenue
Eastpointe, MI 48021
Fax: (586) 775-2074

