



**KINECTA**  
FEDERAL CREDIT UNION

1440 Rosecrans Ave.  
Manhattan Beach, CA 90266  
800.854.9846 • www.kinecta.org

RETAILSERVICES

**CONSUMER ATM /  
DEBIT CARD DISPUTE FORM**

<b>SECTION 1</b>	<b>DISPUTE INFO</b>	<p>This form may be used to file an ATM / Debit Card dispute on transaction(s) caused by error, fraud, or unauthorized activity. This dispute form can be faxed or mailed directly to our ATM / Debit Dispute department at fax number 310.727.8221 or mailed to Risk Operations CU76 c/o Kinecta Federal Credit Union 1440 Rosecrans Avenue, Manhattan Beach, CA 90266. <b>If you have any questions regarding the status of this dispute, you may contact us at 800.854.9846.</b></p> <p><b>NOTE: If additional space is needed for section 2, 3 and/or 4 below, please include additional sheet with membership number, date and signature.</b></p>			
<b>SECTION 2</b>	<b>MEMBER INFO</b>	NAME (FIRST, MIDDLE, LAST) JR/SR		MEMBERSHIP #	SHARE ID(S)
		ADDRESS (STREET, CITY, STATE, ZIP)			
		WORK PHONE	HOME / CELL PHONE:		LAST 4 DIGITS OF CARD
<b>SECTION 3</b>	<b>TRANSACTION INFO</b>	Please record the transaction(s) that are being disputed as error/fraud/unauthorized in the table below. All fields below should be completed.			
		<b>TRANSACTION DATE</b>	<b>TRANSACTION TYPE</b> <small>(Example: ATM Withdrawal/Disburse Error, Merchant Purchase, Online Transaction)</small>	<b>DISCOVERY DATE</b>	<b>TRANSACTION AMOUNT</b>
<b>SECTION 4</b>	<b>MEMBER'S STATEMENT</b>	To the best of your knowledge, please provide a detailed description of your dispute.			
		<b>QUESTIONS FOR MEMBER</b>			
		Status of card? <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Stolen			
		Do you have any knowledge of who might have conducted the transaction(s) recorded in section 2? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you benefited financially from any of the transactions listed in section 3? <input type="checkbox"/> YES <input type="checkbox"/> NO					
MEMBER'S SIGNATURE ( <i>I affirm that the information furnished above is true to the best of my knowledge.</i> )				DATE OF DISPUTE	
<b>CREDIT UNION USE ONLY</b>					
SERVICE CENTER #	TELLER #	DATE	REQUEST RECEIVED BY		
			<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax		