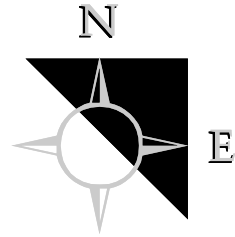


Northeast Family Federal Credit Union



AFFIDAVIT

ATM/Debit Card Disputes

Indicate the discrepancy on your account and the circumstances involved. **Be very specific** and please include any receipts you may have. Please note, if you do/did do business with the merchant involved, an attempt must be made with them to resolve the dispute. Include any details resulting from the attempt.

Merchant Name: _____

Date(s) and Amount(s): _____

Attempted to Resolve with Merchant: Yes ___ No ___ Result: _____

Statement: _____

As a result, I am requesting an adjustment to the below account in the amount of \$ _____. I will, if called upon, substantiate this statement by appearing as a witness at any court or tribunal having jurisdiction of such matters.

NOTE: The Credit Union will process a Chargeback on your behalf, and a credit will be posted to your account. The merchant/financial institution has the right to **dispute** the credit. In such cases the Credit Union will **debit** your account. See your account disclosure for further information on your rights and responsibilities.

Name: _____

Account Number: _____

Card Number: _____

Signature: _____ **Date:** _____

CREDIT UNION USE ONLY

ATSJ (Provisional Credit) Posted by: _____ Date: _____

Entered in Client Central by: _____ Date: _____

Date Client Central Provisional Credit Rec: _____

Date Debit Representation Rec (if applicable): _____

ATSJ to Reverse Prov Credit by: _____ Date: _____ **OR**

GLMT to write off dispute entered by: _____ Date: _____

Date entered in Excel spreadsheet: _____ BC _____

CU Staff who rec'd form: _____