



Debit Card Dispute Form

Name: _____

Account Number: _____

Debit Card Number: _____

Date	Amount	Transaction	Reason for Dispute

By signing below I understand that my Debit Card will be blocked.

Signature: _____

Date: _____

Greater Niagara FCU use only:	Transactions: _____
Dispute Approved / Denied: _____	_____
Initial & Date: _____	Card blocked by: _____
Denial Reason (if appilcable): _____	
This form is to be scanned into Member's Account for proof or verification of signature.**	