

Frequently Asked Questions

I need to dispute an ATM or debit card transaction that has posted to my account.

Please complete the attached ATM/DEBIT DISPUTE form. The form can be mailed, faxed or dropped off in person. We must receive the completed paperwork within 60 days of the transaction date.

LAS COLINAS FCU
ATTN: MEMBER SERVICES
PO BOX 630347
IRVING, TX 75063-0347

FAX 214-273-7111

When will my account be credited for the disputed amount?

In most cases, we will issue provisional credit to your account within five (5) business days of receiving your completed paperwork.

If I want to stop a recurring debit card transaction, will closing my account help?

Closing your account will not stop the transaction. We can help only if you have first notified the vendor and have tried to correct the problem yourself (please keep any correspondence between yourself and the vendor: copy of certified receipt, copy of green return receipt, copies of e-mails, etc.).

Do I have to report my card as lost or stolen if I have an unauthorized transaction on my account?

Yes. In order for us to process your claim, we require that the card be reported as soon as you discover the unauthorized transaction. You may report your card as lost or stolen 24/7 by calling 800-472-3272.

ATM/DEBIT DISPUTE FORM

NAME	CARD NUMBER
ADDRESS	
HOME PHONE	WORK PHONE
Our ability to assist you in receiving reimbursement on this item is based solely upon the information and documentation that you provide to support your claim of dispute. It is for your BENEFIT that we ask you to please provide as much information as possible. If more than one charge is in dispute, please complete a new DISPUTE INQUIRY FORM for each transaction.	
MERCHANT NAME	TRANSACTION DATE
TRANSACTION AMOUNT	<input type="checkbox"/> I certify that I did not participate in this charge.
I am disputing the transaction in question due to the following reason(s):	
<input type="checkbox"/> The transaction was unauthorized*. No one authorized to use this account signed for or participated in the transaction(s).	
<p>*If transaction is unauthorized, please indicate status of card (check one):</p> <p style="text-align: center;"> <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> STILL IN CARDHOLDER'S POSSESSION </p> <p>****REQUIRED INFORMATION****</p> <input type="checkbox"/> I reported my card lost/ stolen on ____/____/____. (Cards with unauthorized transactions MUST be reported as lost or stolen. Please call 800-472-3272) <input type="checkbox"/> You must complete the attached Cardholder Dispute Form. Notary service is available at all LCFCU branches.	
<input type="checkbox"/> I have not received the merchandise that was to have been shipped to me. Expected delivery was ____/____/____. I contacted the merchant on ____/____/____ and the merchant's response was: (In order to assist you more effectively, you must contact the merchant and inform us of their response.)	
<input type="checkbox"/> I have been charged an incorrect amount. My receipt shows \$ _____. However, I was charged \$ _____. (Please provide a copy of your sales receipt.)	
<input type="checkbox"/> I have been charged more than once for the same transaction. I authorized only one charge with the merchant for \$ _____. (Please provide a copy of your sales receipt.)	
<input type="checkbox"/> I notified the merchant on ____/____/____ to cancel the preauthorized order (reservation). My cancellation number is _____. I was/was not (circle one) informed of the cancellation policy when I made the order/reservation. The reason I cancelled was: _____	
<input type="checkbox"/> The transaction was paid by other means. (Please provide a copy of your cash receipt, or your canceled check.)	
<input type="checkbox"/> I was issued a credit slip for \$ _____ on ____/____/____, which had not appeared on my statement. A copy of my credit slip is attached.	
<input type="checkbox"/> Other (please include a description).	
Please provide specific details of your dispute below (if needed, please attach a separate sheet of paper):	

SIGNATURE	DATE

Chubb Group of Insurance Companies

AFFIDAVIT

Fraudulent Use of a Credit Card, ATM, or Check Card

Credit Card
 ATM Card
 Check Card

MEMBER INFORMATION

I, make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/ATM/check card to anyone nor 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 that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my credit/ATM/check card.

Name	Home Phone ()	Work Phone ()
Mailing Address – Street	City	State, Zip
No. of Cards Issued	Card Account Number	Type of card loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In my possession at all times when fraud occurred
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction

LIST UNAUTHORIZED CREDIT CARD/ATM/CHECK CARD TRANSACTIONS BELOW

Transaction Number	Date	Amount	Transaction Number	Date	Amount

Name and Address of Unauthorized User (if known)	Has this loss been reported to police department? <input type="checkbox"/> Yes <input type="checkbox"/> No Authority contacted _____ Address _____ Phone () _____
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Please provide details (if necessary) on a separate sheet

SIGNATURES

I give my consent to the 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 persecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

State of _____

County of _____

Subscribed and sworn to before me this

_____ Day of _____ 20 ____

Notary Public

Member's Signature

Co-Applicant/Authorized Signer



Mail completed form to:

Las Colinas FCU
Attn: Member Services
PO Box 630347
Irving, TX 75063-0347

ATM/DEBIT CARD APPLICATION

Or fax to:
214-273-7111

Indicate Card Type

ATM Card - This card is for Savings only.

VISA® ATM/Debit Card - This card is for Checking only.

New Card:

Order Card for Main Member

Order Additional Card for Joint Owner (please list name):

Replacement Card

(indicate reason for request):

Card Lost/Stolen

The card must be reported as Lost or Stolen – contact Member Services at 214-273-5094 or 800-851-5132; afterhours call 800-472-3272.

Card Damaged

Change Name

Maintenance:

Change/Reset PIN

Name

LCFCU Account Number

Mailing Address

City, State, Zip Code

Home Phone

Work Phone

Cell Phone

Mail card to address listed above

Mail card to Credit Union (choose a location):

_____ Valley Ranch _____ Mary Kay North _____ Regal _____ Zale

Cards take 7 to 14 days to receive. There is an option to have the request expedited. The pass through fee is \$50 for this service. If you wish to have a rush order placed, please check the box below and include your initials to acknowledge that you will be charged a \$50 rush fee.

Yes, I want my card expedited. I understand I will be charged a \$50 rush fee – initial here: _____

By signing below, the undersigned requests the described services and agrees to the terms and conditions governing these services, including any fees and charges. If an additional name has been entered above, the undersigned requests and authorizes issuance of an additional card to the named person. I/We understand and agree that said named person shall be a joint owner of this account with all the rights and duties attached to it. I/We further understand that use of this card by any joint owner of this account acknowledges receipt and acceptance of all the terms and conditions contained in the Electronic Funds Transfers Agreement.

Signature/Date:

Please select a Personal Identification Number (PIN) with four easy to remember numerical digits. It is important for you to keep your PIN in a place of safekeeping as we will retain no record of it. Please do not write your PIN on your card or disclose your PIN to a third party.

Main Member PIN _____

Joint Owner PIN _____

Credit Union Use

Rcv'd By/Date:

Ordered By/Date:

.ACCS:

PIN:

CP21: