



FSCC/SHARED BRANCH DISPUTE FORM
UNAUTHORIZED/DISPUTED FUNDS TRANSACTION DECLARATION

You may complete this form online and print to sign and fax or mail as indicated below.

Name: _____ KeyPoint Credit Union Account Number: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Dispute Amount: \$ _____

Transaction Date: _____ Service Center Name/Location: _____

I DECLARE THAT UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION SUPPLIED ON THIS DISPUTE FORM IS TRUE AND CORRECT.

Account Owner Signature Date

Account Owner Signature Date

Your signature is required to process this dispute. Please check the appropriate box below and return this signed form and any supporting documents, including a copy of the receipt, within 10 days so that we may process your dispute in a timely manner. Attach a separate sheet or letter if more room is needed for your explanation.

- I certify that the joint account owner or myself did not do this transaction.
- Transaction was completed for an incorrect amount (please specify correct amount or provide documentation). \$ _____
- Other (please provide specific details). _____

Only completed and signed forms will be processed. Signatures must be by the member whose account number was involved in the dispute. Upon completion of this form, please fax to **(408) 731-4485 Attn: FSCC DISPUTES.**

- Or mail to -

KeyPoint Credit Union
Attn: FSCC DISPUTES
2805 Bowers Avenue
Santa Clara CA 95051