



**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 ten (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 card was involved with the dispute. Upon completion of this form, please send it to us by one of the following options:

Email To: [DisputeForm@keypointcu.com](mailto:DisputeForm@keypointcu.com) OR

Fax To: (408)731-4068 Attn: DISPUTES OR

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