

## Cardholder Dispute & Affidavit of Fraud



# VantageWest

CREDIT UNION

Cardholders must complete this form to dispute credit, debit, or ATM card transactions. Attach a written explanation if necessary, for example to elaborate or if none of the dispute reasons below identify your situation. Once complete, return this form along with any supporting documents, so we may begin processing your dispute. Please be aware that for fraud it may take up to ten (10) business days from when your form is received to provide you with a provisional credit. If you have questions, please call 520-298-7882 or 800-888-7882.

**LOST, STOLEN, OR COMPROMISED CARDS:** Skip to page 3; complete Steps 4, 5 and 6. Note: A card number has been "compromised" when the card has been used without your authorization *and* the card is still in your possession.

**ALL OTHER DISPUTES:** Complete Steps 1, 2, and 3 (only) on pages 1 and 2.

### Step 1: Your Information *(please print)*

<b>Name:</b>	<b>Day Phone:</b>	<b>Account #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-Mail Address:</b>			
<b>Card Type:</b>	<b>Credit</b> <input type="checkbox"/>	<b>Debit</b> <input type="checkbox"/>	<b>ATM</b> <input type="checkbox"/>
		<b>Card #:</b>	

### Step 2: Dispute Reason

<b>Merchant Name:</b>	<b>Transaction Date:</b>
<b>Transaction Amount:</b>	<b>Dispute Amount:</b>

Check one box below that most closely matches your dispute reason; complete all required fields (\*).


☐ **ATM Cash Not Received or POS Transaction Denied (member did not get merchandise)**  
Transaction Reference/Receipt #: \_\_\_\_\_  
☐ I made a single attempt and did not receive cash.  
☐ I made multiple attempts and only received cash on one of those attempts.  
Explanation: \_\_\_\_\_

☐ **Duplicate Charge**  
\*Date of the 1st charge: \_\_\_\_\_ \*Date of the 2nd charge: \_\_\_\_\_  
Date of the 3rd charge: \_\_\_\_\_ Date of the 4th charge: \_\_\_\_\_

☐ **Paid for Goods by Other Means**  
Check ☐ Cash ☐ Other Card ☐ Other ☐ Explain: \_\_\_\_\_  
\*Attach proof of your payment (e.g., a card statement, copy of cancelled check, cash receipt).

☐ **Incorrect Transaction Amount**  
\*The amount of this transaction posted for \_\_\_\_\_ but should have posted for \_\_\_\_\_  
Attached is a copy of the receipt showing the correct amount (required).

☐ **Credit Transaction Posted as Debit**  
\*A credit for \_\_\_\_\_ posted to my account as a debit. Attached is a copy of the credit receipt from the merchant (required).

Continues 

**Cardholder Dispute... continued****Account #:**

<input type="checkbox"/>	<b>Cancellation Dispute</b> Were you advised on any cancellation policy?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____ *Date of cancellation: _____ Spoke with: _____ Cancellation #: _____ Reason: _____ I canceled this recurring transaction with the merchant on: _____ How: _____
<input type="checkbox"/>	<b>Non-Receipt of Goods or Services</b> What was ordered? _____ <input type="checkbox"/> Tickets/merchandise not received. Expected delivery date: _____ <input type="checkbox"/> Merchant unwilling or unable to provide service. *Describe your attempt to resolve with the merchant: _____ <input type="checkbox"/> Spoke with: _____ Date: _____ Response: _____ <input type="checkbox"/> Could not contact How were attempts to contact merchant made (e.g., phone, email, mail): _____ List Dates and Times of Attempts: _____
<input type="checkbox"/>	<b>Quality of Services or Goods Dispute</b> What was ordered? _____ *Describe the difference between what was ordered and what was received. In what way were the goods defective or unsuitable for your needs? _____ _____ _____ Describe your attempt to resolve with the merchant: _____ _____ _____ *Date merchandise was returned: _____ Date Merchant received: _____ If mailed, provide copy of Proof of Return (required) or *Shipping Company: _____ Tracking Number: _____ If you have a credit receipt, voucher, or refund acknowledgement that has not posted, please provide the following.      *Date of credit: _____ Invoice/receipt Number: _____
<input type="checkbox"/>	<b>Returned Merchandise Dispute</b> *Date returned: _____ Date received by merchant: _____ If mailed, provide copy of Proof of Return (required) or *Shipping Company: _____ Tracking Number: _____ If you have a credit receipt, voucher, or refund acknowledgement that has not posted, please provide: *Date of credit: _____ Invoice/receipt Number: _____ *Describe your attempt to resolve with the merchant: _____ _____
<input type="checkbox"/>	<b>Other</b> _____ _____ _____

**Step 3: Signature**

I certify that the above information is true to the best of my knowledge.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Cardholder Dispute: Lost, Stolen, or Compromised Card

Cardholder must complete Steps 4, 5, and 6. (The plastic card will be blocked)

Per the Federal Reserve Board's Regulation E, Electronic Fund Transfer Act, I understand that if my lost/stolen card is used for an Electronic Fund Transfer I could lose all the money in my account plus my maximum overdraft line of credit. If I told you within 2 business days, I can lose not more than \$50.00 if someone used my card without my permission. If I DO NOT tell you within 2 business days after I learn of the loss or theft of my card and you can prove you could have stopped someone from using my card without my permission if I had told you, I could lose as much as \$500.00. If fraudulent activity does occur and I have notified you within 2 business days of the loss or theft of the card, I further understand that I will NOT be reimbursed for the first \$50.00

### Step 4: Unauthorized Charges

<b>Name:</b>		<b>Day Phone:</b>		<b>Account #:</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>Card Type:</b>		<b>Card #:</b>			
Credit <input type="checkbox"/>		Debit <input type="checkbox"/>		ATM <input type="checkbox"/>	
<b>Visa or ATM Card Was:</b>		lost <input type="checkbox"/>		stolen <input type="checkbox"/>	
		never received <input type="checkbox"/>		In your possession <input type="checkbox"/>	
<b>Date Loss Discovered:</b>		<b>Date Loss Reported to Credit Union:</b>			
<b>*Circumstances:</b> Please write in detail, to the best of your recollection, a summary of events related to the compromise of your card. If your PIN was used, tell us how your PIN was obtained <i>(attach additional sheet if necessary)</i>					
<b>*List Unauthorized Charges:</b> <i>(attach additional sheet if necessary)</i>					
<b>Include 1% International Fees. DO NOT LIST CREDIT UNION FEES</b>					
1.	Date:	Amount:	Merchant:		
2.	Date:	Amount:	Merchant:		
3.	Date:	Amount:	Merchant:		
4.	Date:	Amount:	Merchant:		
5.	Date:	Amount:	Merchant:		
6.	Date:	Amount:	Merchant:		
7.	Date:	Amount:	Merchant:		
8.	Date:	Amount:	Merchant:		
9.	Date:	Amount:	Merchant:		
<b>Police Report Case #:</b>			<b>Police Agency Name:</b>		
<i>(member is responsible for providing us with a copy of the police report for all plastic card fraud cases)</i>					

### Step 5: Notary

State of : _____		County Of: _____	
Subscribed and sworn before me			
on the _____		day of _____, 20____	
Signature: _____			
My commission expires on:		_____	

### Step 6: Signature and Affidavit of Fraud

I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my credit/debit/ATM card, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children made transactions on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card.	
Further, 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 imprisonment.	
<b>Primary Signature:</b>	<b>Date:</b>
<b>Joint Signature:</b>	<b>Date:</b>