



ATM/Debit Card Dispute Form

Both pages must be filled out and submitted to Accounting to be processed

Cardholder Name(s): _____ Date: _____

Member Number - ID (ex: 12345-010): _____ ☐ ATM Card or ☐ Debit card

Address _____

Street: _____

City/State/Zip: _____

Disputing Amount \$ _____

Transaction Type: ☐ Signature or ☐ PIN

Date Member Discovered Loss: _____

Date of First Fraudulent Activity _____

☐ I did not authorize the use of this card by anyone else.

☐ I have examined all of my transactions, and did not originate nor authorize the transactions listed below. Further, I did not receive any of the proceeds or benefits of any such item(s) in the amounts of:

Date: _____ Merchant: _____ Amount \$ _____

Date: _____ Merchant: _____ Amount \$ _____

Date: _____ Merchant: _____ Amount \$ _____

Date: _____ Merchant: _____ Amount \$ _____

Date: _____ Merchant: _____ Amount \$ _____

Date: _____ Merchant: _____ Amount \$ _____

Date: _____ Merchant: _____ Amount \$ _____

This card is being reported as: ☐ Stolen ☐ Lost ☐ Compromised ☐ Never Received

Has this loss been reported to the police? ☐ Yes ☐ No

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303



ATM/Debit Card Dispute Form

Both pages must be filled out and submitted to Accounting to be processed

Member's Statement:

Please explain in detail (providing dates, names, and any other supporting documentation) why this claim is being disputed.

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 prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this affidavit is true and understand that making false sworn statements is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

The above was requested by me. ☐ Yes ☐ No

Member's Signature: _____ Date: _____

This Section MUST Be Notarized:

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary's Signature: _____

FOR CREDIT UNION USE ONLY

Staff Initials: _____ Date: _____ ☐ Processed

Claim Number: _____ State and Contract Number _____

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303