

**CARDHOLDER DISPUTE FORM AND FRAUDULENT USE AFFIDAVIT
FOR CREDIT, DEBIT, OR ATM CARD TRANSACTIONS**

Today's Date _____ Member Number: _____

Card Number _____ Social Security Number _____

Cardholder Name: _____ Total Amount of Loss (\$): _____

Email Address: _____ Home Phone _____ Work Phone _____

Mailing Address _____

Street City State Zip

Physical Address (if different) _____

Street City State Zip

I requested the Card ☐ Yes ☐ No Number of cards issued with this number _____

Type of Card: ☐ Credit Card ☐ Debit Card ☐ ATM Card

At time of disputed/fraudulent transaction, my card was: ☐ Lost ☐ Stolen ☐ In my possession ☐ Not received

Date loss was discovered: _____ Date loss reported to Credit Union/Processor _____

Have you ever granted permission for anyone (other than yourself) to use your card? ☐ Yes ☐ No

If yes, who: _____

Have you previously transacted business with this/these merchants? ☐ Yes ☐ No

If yes, did you contact the/these merchants ☐ Yes ☐ No

Date/Amount/Merchant Name for your **last authorized** transaction: _____

Date/Amount/Merchant-Location of the **first fraudulent** transactions: _____

Law Enforcement notified? ☐ Yes ☐ No If yes, Agency _____ Case No. _____

DISPUTED TRANSACTION(s) Please list all transactions on the next page.

☐ Merchandise was returned ☐ Merchandise/Services was never received ☐ I was overcharged ☐ Paid by other means

Date Refund Requested: _____ Merchandise Return Date: _____ Date merch/svcs to be received: _____

What was ordered: _____

Merchant's response to your request for credit _____

(Please attach receipt or other documentation of payment and/or postal receipt or tracking number.)

☐ Canceled Service ☐ Canceled Pre-authorized Charge ☐ Canceled Hotel Room*

Date of cancellation _____ Cancellation number _____ Date refund requested _____

Merchant's response to your request for credit _____

* If Hotel, must have a cancellation number.

☐ I was billed twice for the same transaction

Authorized charge post date _____ Amount (\$) _____

Unauthorized charge post date _____ Amount (\$) _____

☐ Not as described

Date merchandise returned _____ Date of refund request _____ Merchant contact date _____

Merchant's response to your request for credit _____

What was expected versus what was received? _____

_____ Please attach postal receipt or list tracking number.

☐ Other. DETAILED description. If more space is needed attach a separate sheet to this form. _____

FRAUDULENT TRANSACTION(s) * You understand that by completing the information in this sections:
YOUR CARD WILL BE CLOSED. You affirm that you did not authorize or participate in the transactions listed below.*

Location where was card lost or stolen: _____

What other property was lost/stolen with the card: _____

Was the Personal Identification Number (PIN) kept with the card? ☐ Yes ☐ No

If **NO**, how was the PIN known to the subject who used the card? _____

Who discovered the fraud? _____

How did fraud or loss occur? _____

Name of person suspected of committing the fraud: _____

Additional information about fraud suspect (address, phone number, etc.) _____

DISPUTED OR UNAUTHORIZED CREDIT, DEBIT, and ATM TRANSACTION(s)

Please list all transactions being disputed*

Transaction (deposit, disputed merchant's name, withdrawal, etc.)	Date	Amount	CREDIT UNION USE ONLY		
			Copy Req	Credit Recd	CB#

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/affirm that this Cardholder Dispute Form 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.

Cardholder's Signature _____

Co-Applicant/Authorized Signature _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____

who is ☐ personally known to me or ☐ presented _____

as identification.

[Notary Stamp]

Notary Signature _____

Printed Name _____

Svc CTR#: _____ TLI D: _____ Date: _____

08/16/2006