

Fraudulent Transaction Dispute Form (Page 1)

Cardholder Information

Cardholder Name _____ Phone _____

Mailing Address _____

Card Number: _____ Number of Cards Issued _____

Type of Card: Credit Card Debit Card

At the Time of the Fraudulent Transactions, my Card was:

In My Possession Lost

Never Received Stolen

Was law enforcement notified? Yes No

Date Cardholder Discovered Loss _____

Date Cardholder Reported Loss to Credit Union/ Card Processor _____

Date of First Fraudulent Transaction _____

- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive any benefit from the unauthorized use of my Credit/Debit card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized on the page 2: \$ _____)

Name and Address of Unauthorized User (if known)

Member's Signature

Date

Date Received _____

Staff Initials _____

Action Taken _____

FRAUDULENT TRANSACTION DISPUTE FORM (Page 2)

Name: _____

Card number: _____

The following transactions were not made by me or anyone authorized to use my Visa credit/debit card.

- 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: _____
- 10. Date: _____ Amount: _____ Merchant: _____
- 11. Date: _____ Amount: _____ Merchant: _____
- 12. Date: _____ Amount: _____ Merchant: _____
- 13. Date: _____ Amount: _____ Merchant: _____
- 14. Date: _____ Amount: _____ Merchant: _____
- 15. Date: _____ Amount: _____ Merchant: _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my Credit Union to add those subsequent transactions to this affirmation.

Member's signature

Date

Date Received _____	Staff Initials _____
Action Taken _____	_____