



Cardholder Dispute

Dispute of Fraudulent Use of a Credit Card, ATM Card, or Debit Card

Credit Card ATM Card Debit Card

CARDHOLDER INFORMATION

I make this dispute for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my Credit/ATM//Debit to anyone nor give anyone permission to use my card(s), I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my Credit/ATM/Debit card.

Cardholder / Members Name(s)

No. of Cards Issued

Date Loss Discovered Card Account Number Type of card loss
 Lost Stolen Never Received
 In my possession at all times when fraud occurred

LIST UNAUTHORIZED CREDIT/ATM/DEBIT TRANSACTIONS BELOW Date Loss Reported to Credit Union Date of First Fraudulent Transaction

(A system screen print of the transactions can be provided as an attachment instead of listing them below)

Transaction Number	Date	Amount	Transaction Number	Date	Amount

Name and Address of Unauthorized User (if known)

Please provide details (if necessary) on a separate sheet

Has this loss been reported to police department?
 Yes No
 Authority contacted _____
 Address _____
 Phone () _____

SIGNATURES

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. Further, I understand 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 by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature _____

Co-Applicant/Authorized Signer _____

Notification of Disputed Transaction - MasterCard

Cardholder Name: _____

Card Number:

- - -

1. Transaction Information

Transaction Date

Merchant Name

Dollar Amount

___/___/___

2. Dispute Reason/Elaboration

I am disputing the transaction(s) in question because of the following reason(s):

The transaction(s) listed below are unauthorized.* No one authorized to use this account signed for or participated in the transaction(s).

At the time of the transaction(s), please indicate status of card (*Please check one*):

Card Lost Date card was Lost ___/___/___ Card Stolen Date card was Stolen ___/___/___

Card still in Accountholder's possession. New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected? Yes No

The charge(s) was paid by another means. Enclosed is a copy of the cancelled check/cash/credit receipt or account statement.

The amount signed for on the salesdraft differs from the amount billed on the monthly statement. Attached is my copy of the sales receipt.

The transaction was authorized and then canceled. A credit voucher was issued (copy enclosed), but the credit has not posted to my account. If no credit voucher was issued, please explain the merchant's response to the cancellation/return.

I have been billed multiple times (2 or more) for the same purchase. The original charge posted to my account on ___/___/___.

I placed an order with the merchant above. I have not received merchandise which I expected by ___/___/___ . I have contacted the merchant for credit but no credit has posted to my account.

I cancelled this reservation on ___/___/___ . The cancellation number provided to me is as follows: _____.

I cancelled this recurring charge with the merchant on ___/___/___ . No charges after this date are authorized from this merchant.

I received merchandise different from what I ordered. Attached is a detailed letter explaining what was expected from the merchant, what was received, and that an attempt to return the merchandise was made.

Cardholder Signature

Date

*If additional room is required to describe your dispute, please use the back of this form

Multiple Dispute Listing

Cardholder Name: _____

Card Number: - - -

2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
2. ___/___/___	_____	_____
3. ___/___/___	_____	_____
4. ___/___/___	_____	_____
5. ___/___/___	_____	_____
6. ___/___/___	_____	_____
7. ___/___/___	_____	_____
8. ___/___/___	_____	_____
9. ___/___/___	_____	_____
10. ___/___/___	_____	_____
11. ___/___/___	_____	_____
12. ___/___/___	_____	_____
13. ___/___/___	_____	_____
14. ___/___/___	_____	_____
15. ___/___/___	_____	_____
16. ___/___/___	_____	_____
17. ___/___/___	_____	_____
18. ___/___/___	_____	_____
19. ___/___/___	_____	_____
20. ___/___/___	_____	_____

Cardholder Signature

Date

Merchant Dispute Questionnaire

Member Name: _____

Amount Disputed: _____

Why are you disputing the transaction(s)?

Date you entered agreement with merchant: _____

Explanation: _____

What action did you take to resolve with the merchant?

Date Contacted: _____

Person you talked to: _____

Explanation: _____

What action did the merchant take to resolve?

*Attach all receipts, instructions/pamphlets, e-mail, etc. received from the merchant.

Have you previously had fraud on your account? Yes No *If yes, describe the situation(s):*

Member Signature: _____ **Date:** _____

Card Fraud Questionnaire

1. Person filing report: _____
2. Is your ATM Card or Debit Card in your possession? Yes No
 - a. Was the card: Lost Stolen
 - b. Was your identification stolen? Yes No
 - c. Describe how card was lost/stolen: _____

3. When did you notice the card missing? _____
4. When did you notice the unauthorized charges? _____
5. Where was your PIN number written down? _____
6. Please list your last valid ATM/Debit Card transactions:
Date: _____ Amount: _____ Merchant Name: _____
7. Who else has access to your account? _____
 - a. What is their relation to you? _____
 - b. Why did they have access? _____
8. Have you ever given your card/PIN to anyone? Yes No *If yes: who, when, and why?*

9. Do you know who may have used your card? *If yes:*
Name: _____ Telephone: _____
Address: _____
Why do you suspect them? _____
10. Have you previously had fraud on your account? Yes No *If yes, describe the situation(s):*

11. Police report filed? Yes No **If no, we may request you file a police report to assist with our investigation.*
Police Report #: _____ Precinct: _____
City & State: _____ Phone Number: _____

Thank you for providing this important information, which will help us investigate your claim.

Member Signature: _____ **Date:** _____