

### Cardholder Dispute Form

FI Internal Use Only:

Received by:

Name:	Daytime Phone:
Member Number:	
Street Address:	Work Phone:
City, State, Zip:	Card Number:
Email:	

**\*\*If the claim is for a merchant dispute a *Visa Resolve Online Questionnaire* must be completed\*\***

**Type of Transaction:**

Debit     Credit     ATM/POS

Date Loss Discovered:

Date Reported to CU:

Date of First Disputed/Fraud Trans:

Has this loss been reported to the police dept?

**Type of Loss:**

Lost     Stolen     Never received

Yes (provide name/case no.)

No

Card was in my possession at all times when transaction(s) occurred.

I have examined the charge(s) on my account and question the following transaction(s):  
(Attach additional sheets if necessary.)

Merchant Name:	Amount:	Transaction Date:

The following explains my dispute:

- I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. **(Your card will be blocked.)**
- I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized.
- I certify that I participated in the above transaction, but have not received the merchandise. (Describe in detail the merchandise or services you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant on the additional space provided)
- I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on \_\_\_\_\_ (date) per the merchant's instructions and have not received credit. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)
- I contacted the merchant on \_\_\_\_\_ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided.)

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- I contacted the merchant on \_\_\_\_\_ and canceled my reservation. (Please provide full details on the additional space provided.)
- My cancellation number is \_\_\_\_\_
- I was not given a cancellation number.
- Other. Describe below. Descriptions of transactions should be typed or written clearly. (Attach additional sheets if necessary.)
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### Member's Written Explanation (REQUIRED for all dispute reasons):

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In dispute cases except those related to lost/stolen/counterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:

#### Attempt to Resolve Information:

- I have made an attempt to resolve with the merchant. (check one) YES  NO
- Date of contact: \_\_\_\_\_
- Contact method:  Telephone  E-mail  In-person  \_\_\_\_\_  
Other(describe)
- Merchant's response:  
\_\_\_\_\_
- If no attempt, why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*

*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.

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_