

# CARDHOLDER DISPUTE

MEMBER NAME	MEMBER NUMBER	DAYTIME PHONE
CARD NUMBER: _____		Type of Card: <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> ATM
MERCHANT	AMOUNT	TRANSACTION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
At the Time of the Fraudulent Transactions, my card was:		Was law enforcement notified?
<input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen		<input type="checkbox"/> Yes <input type="checkbox"/> No Case Number: _____

**NOTE: If the disputed item is of an unauthorized nature the card will be blocked.**

Please check each true statement:

- I received a price adjustment (credit slip) for the transaction(s) but it has not appeared on my statement. Please provide a copy of the credit slip.
- I certify that only one transaction was made with the above referenced merchant. My statement reflects a second charge from the same merchant that I did not authorize or participate in.
- I certify that I participated in the above transaction but have not received the merchandise. Describe your attempts to resolve the matter with the merchant as well as the expected date of delivery on the following page.
- I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on \_\_\_\_\_ per the merchant's instructions and have not received credit.
- I contacted the merchant on \_\_\_\_\_ and canceled the monthly recurring transaction.
- I contacted the merchant on \_\_\_\_\_ and cancelled my reservation. On the following page provide your cancellation number, if a cancellation number was not given, provide date and time.
- I was charged for a hotel room that I neither made the reservation for, nor authorized the reservation to be made by me.
- The shipped merchandise I received is defective. Describe the defect or damage and any attempts to return the merchandise, and the merchant's response on the following page.
- The merchandise/services were not as described. If purchase was made by phone please indicate what was not as described. Otherwise, please provide written documentation as to what was not described.
- 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(s) received by myself or by a person authorized by me.
- I would like a copy of the sales draft. Reason for request: \_\_\_\_\_
- Other. Describe on the following page.



# CUNA MUTUAL GROUP

CUMIS Insurance Society, Inc.

Claim Number
Credit Union Commonwealth Central Credit Union
Contract Number

## Cardholder Dispute Form Fraudulent Use of a Credit Card, Debit Card, or ATM Card

### Cardholder Information

Cardholder Name	Home Phone	Work Phone
Mailing Address (Street - City - State - Zip)		
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued
Type of Card: <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> ATM	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).
  - 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/ATM 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 back of this page or on an attached page): \$ \_\_\_\_\_

Name and Address of Unauthorized User (if known) \_\_\_\_\_

***Please provide details (if necessary) on a separate sheet.***

### 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. I swear 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.

State of California  
 County of \_\_\_\_\_  
 On \_\_\_\_\_ before me, \_\_\_\_\_  
 Personally appeared \_\_\_\_\_  
 Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s), acted, executed the instrument.  
 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. \_\_\_\_\_

_____	_____	_____
(Notary Public)	Member's Signature	Date
_____	_____	_____
	Co-Applicant/Authorized Signature	Date

**Unauthorized Transactions**

Date of Transaction	\$ Amount of Transaction	Merchant Name
	Total \$ of Unauthorized Transactions: \$ _____	