

CARDHOLDER DISPUTE

CARDHOLDER NAME _____	MEMBER NUMBER _____	DAYTIME PHONE NUMBER _____
CARD NUMBER: _____	Type of Card: <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> ATM	
TRANSACTION DATE _____	MERCHANT NAME _____	AMOUNT _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
At the Time of the Disputed Transaction(s), my card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost Date card Lost _____ <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen Date card Stolen _____		Was law enforcement notified? <input type="checkbox"/> Yes Case # _____ <input type="checkbox"/> No
NOTE: If the disputed item is a Fraudulent Transaction the card will be blocked.		
Fraudulent Statement (Check Box): <input type="checkbox"/> 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.		
Non- Fraudulent Statement (Check One Box): <input type="checkbox"/> I participated in the above transaction but have not received the merchandise/service. On the following page; Describe the merchandise/service purchased, Date of expected receipt and your attempts to resolve the matter with the merchant. <input type="checkbox"/> I participated in the above transaction but have returned the merchandise/canceled services on _____ per the merchant's instructions and have not received credit. On the following page; Describe the merchandise/service purchased, Reason for return/cancellation, Return authorization number or cancellation number and your attempts to resolve the matter with the merchant. <input type="checkbox"/> The merchandise/services were not as described or defective. On the following page; Describe the merchandise/service purchased, Details as to why the merchandise was not as described or why the merchandise was defective. If merchandise was returned provide return details and your attempts to resolve the matter with the merchant. <input type="checkbox"/> I certify that only one transaction was made on _____ with the above referenced merchant. My statement reflects a second charge from the same merchant that I did not authorize or participate in. <input type="checkbox"/> I participated in the above transaction but the incorrect amount was charged to the account. On the following page; Describe your attempts to resolve the matter with the merchant and provide a copy of the original receipt with the correct amount available. <input type="checkbox"/> I participated in the above ATM transaction but the incorrect amount was dispensed/deposited. On the following page; Describe the amount you requested and the amount received, include a copy of your ATM receipt. <input type="checkbox"/> Other. Describe on the following page.		

CARDHOLDER DISPUTE

CARDHOLDER NAME: _____ MEMBER NUMBER: _____

Please include as many details about the non- fraudulent transaction(s) as possible. Include dates, representatives' names, confirmation codes, and all merchant correspondence (letter, email and text). Also include all the actions you have taken to resolve the dispute to this point.

If the total amount of fraudulent transactions is \$1,000 or more, page 3 must be completed and notarized.

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.

CARDHOLDER'S SIGNATURE: _____ DATE: _____

FOR COMMONWEALTH USE ONLY

Teller Number: _____

Cardholder Dispute Form

Fraudulent Use of an ATM Card, Debit Card or Credit Card

Cardholder Information		
Cardholder Name	Member Number	Daytime Phone Number
Address (<i>Street - City - State - Zip</i>)		
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:	Date of First Fraudulent Transaction

I declare under penalty that all of the statements below are true and correct:

- 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)	Cardholder's Signature	Date
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