

Cardholder Fraudulent Transaction Dispute Form

Name: _____

Visa card number: _____

I certify that my Visa card was lost or stolen and the following transactions were not made by me or anyone authorized to use my Visa card.

❖ If you have had previous dealings with these merchants and they have debited your account without your permission, you must use the Cardholder Dispute Form since these charges would not be considered fraudulent.

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: _____

16. Date: _____ Amount: _____ Merchant: _____

17. Date: _____ Amount: _____ Merchant: _____

18. Date: _____ Amount: _____ Merchant: _____

19. Date: _____ Amount: _____ Merchant: _____

20. Date: _____ Amount: _____ Merchant: _____

Cardholder signature

Date

For Institution use only: Account was hot-carded and blocked in the US region , International region or both on _____.

Affidavit

Fraudulent Use of a VISA Credit, A.T.M or Check Card.

Credit card

ATM Card

Check Card

I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/ATM/check card to anyone nor did I 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 the date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my credit/ATM/ check card.

Name: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

No. of Cards Issued: _____

Card Account #: _____

Date Loss Discovered: _____

Date Loss Reported to Credit Union: _____

Date of First Fraudulent Transaction: _____

Type of Card Loss: Lost Stolen Never Received In my Possession at all times when fraud occurred

List Unauthorized Transactions Below:

Merchant Name	Date	Amount

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 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.

State of _____

Country of _____

Member's Signature

Subscribed and sworn to me before this

_____ day of _____, 20____.

Co-Applicant/ Authorized Signer

(Notary Public)