



Cardholder Disputed Item Statement & Affidavit

Cardholder must complete this form to dispute credit, debit, or ATM card transactions. Once complete, return this form along with any supporting documents. Please be aware that for fraud it may take up to ten (10) business days from when your form was received to provide you with a provisional credit. If you have questions, please call 800-868-6655.

***UNAUTHORIZED TRANSACTIONS: Complete steps 1, 2, 5, 6, 7 (pg. 1 & 3).

***ALL OTHER DISPUTES: Only complete Steps 1-4 (pg. 1 & 2).

Step 1: Your Information

NAME:		Address:	
Home Phone:		City:	
Work/Cell Phone:		State:	
Email:		Zip Code:	
Card Number/Type:		<input type="checkbox"/> Debit	<input type="checkbox"/> Credit <input type="checkbox"/> ATM

Step 2: Unauthorized/Disputed Transaction(s) Information *(list any addtl on back of sheet)*

Transaction Date	Merchant Name	Transaction Sequence Number	Transaction Amount

Step 3: Dispute Reason

****It is required that the cardholder contact the merchant prior to submitting the dispute.**

I certify that I did provide authorization to the listed merchant however I am disputing the listed transaction(s) for the following reason (check one box below that most closely matches your dispute reason):

Duplicate Charge
 Date of the 1st charge: _____ Date of the 2nd charge: _____
 Date of the 3rd charge: _____ Date of the 4th charge: _____

Paid for Goods by Other Means
 Check Cash Other Card Other Explain: _____
**Attach proof of your payment (e.g., a card statement, copy of cancelled check, cash receipt).*

Incorrect Transaction Amount
 The amount of this transaction posted for _____ but should have posted for _____
**Attach a copy of the receipt showing the correct amount.*

(dispute reasons continued on next page)

Step 3: Dispute Reason ~ CONTINUED

Cancellation Dispute

****Trial offers/memberships/recurring debits**

Were you advised on any cancellation policy at time of initial authorization? Yes No

If Yes, please explain: _____

Date of cancellation: _____ Spoke with: _____

Cancellation #: _____ Reason: _____

Non-Receipt of Goods or Services

What was ordered (list merchandise/service): _____

Expected merchandise delivery date: _____

Describe your attempt to resolve with the merchant: _____

Returned Merchandise Dispute

**Provide copy of return shipping information.*

Date returned: _____ Date received by merchant: _____

Shipping company: _____ Tracking number: _____

Describe your attempt to resolve with the merchant: _____

Quality of Services or Goods Dispute

**Provide copy of return shipping information.*

What was ordered? _____

Describe the difference between what was ordered and what was received. In what way were
The goods defective or unsuitable for your needs? _____

Describe your attempt to resolve with the merchant: _____

Date merchandise returned: _____ Date merchant received: _____

Shipping company: _____ Tracking number: _____

Other, EXPLAIN: _____

Step 4: Dispute Signature

I certify that the above information is true to the best of my knowledge.

Your Signature:

Date:

Step 5: Unauthorized Transaction – Card Information & Circumstances

Card Status at time of transaction:	<input type="checkbox"/> Card was in my possession at the time of transaction(s) <input type="checkbox"/> Stolen <input type="checkbox"/> Lost		
Date Loss Discovered:		Date Loss Reported to Credit Union:	
**Please detail, to the best of your recollection, a summary of events related to compromise of your card and any contact with the merchant:			
<hr/> <hr/> <hr/> <hr/> <hr/>			

Step 6: Unauthorized Transaction – Agreement ~ Your signature below indicates your consent.

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 enforcement agency so that the information can, if necessary, be used in the investigation and/or persecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand that 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.

Step 7: Signature and Affidavit of Fraud

I, make this affidavit for the purpose of establishing loss and/or fraudulent use of my card.

I certify that the charge(s) listed was(were) not made by me or by a person authorized by me to use my card. I did not give, sell, or trade my 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 that date of the first fraudulent transaction indicated above. I did not receive any goods, service, or benefits from the unauthorized use of my card.

Your Signature: _____ Date: _____

NOTARY

State of _____

County of _____

Subscribed and sworn to before me this _____ Day of _____ 20____

(seal here)

Notary Public