

# CARDHOLDER STATEMENT OF DISPUTE

**Instructions:** Please print. Complete both sides of this form and provide a detailed explanation. Attach any supporting documentation.

Name \_\_\_\_\_ Card Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Member Number \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

**I. DISPUTED ITEM(S):** List each item separately. Use additional space on the back if necessary.

Transaction Date	Transaction Post Date	Transaction Amount	Merchant Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**II. DISPUTE REASON:** Check mark the box that best fit your dispute and provide details on the back. You may also be required to provide supporting documentation such as a receipt, proof of payment, etc.

**Fraudulent**  
 I did not authorize the above transaction(s), however the card was in my possession.  
 At the time of the transaction, the card was  LOST  STOLEN.  
Date card lost/stolen \_\_\_\_\_ Date card reported lost/stolen \_\_\_\_\_

**Cancellation of Merchandise or Services**  
Type of services or merchandise: \_\_\_\_\_  
Cancellation Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Do you have a cancellation number?  Yes  No Cancellation Number \_\_\_\_\_  
Did you receive any merchandise or services after the cancellation date?  Yes  No  
If yes, on what date did you return it? \_\_\_\_\_  
By what METHOD did you return the merchandise? i.e. USPS receipt, Overnight, etc. \_\_\_\_\_

**Return of Merchandise**  
Type of services or merchandise: \_\_\_\_\_  
Return Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Do you have a return or credit receipt?  Yes  No It has been more than  30 days  15 days  
By what METHOD did you return the merchandise? i.e. USPS receipt, Overnight, etc. \_\_\_\_\_

**Merchandise or Services Not Received**  
Did the merchant provide a delivery date?  Yes  No Expected Delivery Date \_\_\_\_\_  
Has it been longer than 30 days?  Yes  No  
What SERVICES was expected and HOW did the merchant FAIL to meet your expectations? \_\_\_\_\_

**Transaction Amount Differs** – must provide a copy of the receipt with the correct transaction amount.  
 **Paid By Other Means** – must provide a copy (proof) of other means of payment; i.e. canceled check, bank stmt, etc.  
 **Other** – \_\_\_\_\_

**III. MERCHANT RESOLUTION:** MasterCard and Visa regulations require that an attempt to contact the merchant to resolve the disputed transaction(s) be made prior to the credit union's involvement for NON-FRAUD claims.

Date of contact with merchant for resolution \_\_\_\_\_  
Outcome of contact: \_\_\_\_\_



# AFFIDAVIT OF FRAUDULENT USE OF DEBIT CARD

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Name \_\_\_\_\_ Member Number \_\_\_\_\_

Address \_\_\_\_\_

Card Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Loss:  Lost  Stolen  Counterfeit  Never Received  Other: \_\_\_\_\_

Type of Transaction(s):  Signature  PIN  Other: \_\_\_\_\_

Date You Discovered Loss:

Date Reported to Credit Union:

Date of First Fraudulent Transaction:

\_\_\_\_\_  
Month/ Date / Year

\_\_\_\_\_  
Month / Date / Year

\_\_\_\_\_  
Month / Date / Year

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

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1. I am making this affidavit for the purpose of establishing the fraudulent use of my  DEBIT  CREDIT card.
2. The above card  WAS  WASN'T requested by me.
3. I  DID  DIDN'T give anyone permission to use my card.
4. I  DID  DIDN'T give, sell or trade my card to anyone.
5. I  DID  DIDN'T use this card nor authorize the use of the card by anyone after I discovered the loss, theft or counterfeit of the card.
6. The total NUMBER of unauthorized transaction(s) is \_\_\_\_\_.
7. The total AMOUNT of unauthorized transaction(s) is \_\_\_\_\_.
8. I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorized it. Further, I did NOT receive any of the proceeds or benefit of any such item(s) on the above total.
9. The information and statement provided on the CARDHOLDER STATEMENT OF DISPUTE and FRAUDULENT USE OF DEBIT/CREDIT CARD QUESTIONNAIRE is true and correct.
10. 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 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.

\_\_\_\_\_  
Cardholder Signature

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
Date Month Year

\_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature \_\_\_\_\_

Signature of Notary Public

Place Notary Seal Above

# FRAUDULENT USE OF DEBIT CARD QUESTIONNAIRE

To process your claim correctly, answer each question and provide explanation on the back. Please print clearly.

Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Type of Card:  Visa Credit Card  MasterCard Debit Card

Type of Loss:  Lost  Stolen  Counterfeit  Never Received  Other: \_\_\_\_\_

Date you discovered loss:

Date reported to Credit Union:

Date of first fraudulent transaction:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month / Date / Year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month / Date / Year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month / Date / Year)

Total number of Fraudulent Transactions:

Total dollar amount of Fraudulent Transactions:

\_\_\_\_\_

\$ \_\_\_\_\_

Type of transaction(s):  Signature  PIN  Other: \_\_\_\_\_

1. Was the card requested by you?  Yes  No
2. Have you ever given authorization to anyone to use your card?  Yes  No
  - a. If yes, whom did you give authorization to? \_\_\_\_\_
  - b. Have you revoked that authorization?  Yes  No
  - c. If yes, when did you notify the credit union to revoke your authorization and have your PIN changed?  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Month / Date / Year)
3. Have you notified the authorities and filed a police report?  Yes  No
  - a. If yes, give name of law enforcement agency \_\_\_\_\_
  - b. Detective/Officer \_\_\_\_\_ Case # \_\_\_\_\_
  - c. Telephone Number \_\_\_\_\_
4. How did you discover the loss, theft or counterfeit of the card? \_\_\_\_\_  
\_\_\_\_\_
5. When was the last authorized transaction done and where? \_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on this form is true and I give consent to Greater Valley Credit Union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency to 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.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number