



CARDHOLDER DISPUTE FORM

ONLY ONE TRANSACTION PER FORM

Part 1: Cardholder and Amount Information

Date ____/____/____ **CASE ID #** _____
(Card Service use)

Account # _____ New Account (if old account was closed) _____

ATM/Debit Card # _____ Cardholder Name _____

Contact Phone # _____ - _____ - _____ Disputed Amount \$ _____

Date of Disputed Transaction ____/____/____ Merchant Name _____

Cardholder Signature _____

CFCU Member Service Signature _____

****BEFORE DISPUTING CHARGE, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT***

Part 2: Reason for Dispute (please check one)

- Cash not received, but was charged** (a copy of the receipt is required).
- Duplicate transaction was posted.**
 - ◆ Date of first transaction ____/____/____
 - ◆ Date of duplicate transaction ____/____/____
- Deposit Discrepancy.**
 - ◆ Actual amount \$ _____
 - ◆ Amount posted \$ _____
- Incorrect amount was charged to account.** (provide receipt of transaction).
- Recurring Debit transaction was cancelled** (enclose copy of **letter, email, or fax** informing the merchant of cancellation).
 - ◆ Date of cancellation: ____/____/____
 - ◆ Cancellation # (if provided) _____
 - ◆ Were you advised of a cancellation policy? Yes _____ No _____
If Yes, what were you told? _____

Goods or services not received or not as expected.

Must make effort to resolve the dispute with the merchant first.

(Provide receipt for purchase and return)

- ◆ What was ordered? _____
- ◆ What was received? _____
- ◆ Reason for return _____
- ◆ When did the Cardholder contact the merchant? ____/____/____
- ◆ What was the outcome? _____
- ◆ Expected delivery date ____/____/____ Pickup date ____/____/____
- ◆ Did the Cardholder cancel with the merchant? Yes ____ No ____
If yes, when? ____/____/____

Lost or Stolen. (Provide details at the end of this form)

- ◆ When did you notice the card missing/stolen? _____
- ◆ When the card was reported missing/stolen? _____
- ◆ Was the PIN number with the card? _____
- ◆ Date last used by member? ____/____/____
- ◆ Did member file a police report? Yes ____ No ____
If yes, report number: _____

Fraudulent transaction not authorized by cardholder.

If fraud is being claimed, an affidavit must be filled out and a police report is recommended

- ◆ Police report # _____
We may require a copy of the report
- ◆ Was card in member's possession at all times? Yes ____ No ____
- ◆ Was card reported Lost or Stolen? Yes ____ No ____
If yes, when was it reported? ____/____/____
- ◆ Was transaction: ATM or a Debit Card purchase? _____
If ATM transaction:
 - ◆ Make/Model of cardholder's vehicle _____
 - ◆ Color of cardholder's vehicle _____

Other (please provide date, time & person that you spoke with to try to resolve dispute)

Part 3: Details of the dispute

Details: Description must be specific

Continued to next page.

Details: (cont....)

Part 4: Cardholder Affidavit and Authorization

I have marked the applicable reason for the disputed transaction(s) and have supplied copies of all documentation.

The transaction(s) described above were not originated with fraudulent intent by me or any person acting on my behalf. I neither conducted, authorized, nor benefited from these transactions. This affidavit is made for submission to Century Federal Credit Union for use as part of its investigation of my claim that my account should not be debited for the transaction(s) listed above. I hereby authorize Century Federal Credit Union investigators and law enforcement officials to investigate all circumstances concerning the(se) transaction(s). I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct.

Please check one of the following:

We have no knowledge of the identity or whereabouts of the person(s) using the ATM/Debit Card.

We can identify the suspect as: Name: _____

Address: _____ City: _____

State/Zip: _____ Phone: _____

X _____
Cardholder Signature Today's Date

X _____
CFCU Member Service Signature

Cardholder Dispute Form

Fraudulent Use of a Credit or Debit Card

Credit Card
 Debit Check Card
 ATM

MEMBER INFORMATION				
I make this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/debit 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/debit card.				
Name	Home Phone () ()	Work Phone () ()		
Mailing Address	Street	City	State	Zip
No. of Cards Issued	Credit Union Name	Card Number	Type of Card Loss	
			<input type="checkbox"/> Lost	<input type="checkbox"/> Never Received
			<input type="checkbox"/> Stolen	<input type="checkbox"/> Card in my possession
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor		Date of First Fraudulent Transaction	
I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or counterfeited.				
Total amount of unauthorized transactions: \$ _____				
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 any of the proceeds or benefits of any such item(s) on the above total.				
Name and Address of Unauthorized User (if Known)			Has this loss been reported to police department?	
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 statues and many be punishable by fines and/or imprisonment.				

YES
 NO
 THE ABOVE CARD WAS REQUESTED BY ME.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____

_____ Member's Signature

_____ Date

_____ (Notary Public)

_____ Co-Applicant/Authorized Signature

_____ Date