

Visa Check / ATM Card Dispute Form FRAUD

Section 1

Debit / ATM Card Number	Cardholder Address
Member Number	
Cardholder Name	Disputed Amount
Cardholder Phone Numbers	Posting Date
Merchant Name	Transaction Date
Merchant Location	
Cardholder Signature	

Section 2

Fraud Reasons - Please select one

I did not authorize the above transaction, however the card was in my possession

FSP - The card must be status " CLOSED "

At the time of the transaction, the card was LOST. Date the card was

□ lost:_____ Date you reported the card lost and closed the account:_____

FSP - The card must be status " LOST "

At the time of the transaction, the card was **STOLEN**. Date the card was stolen:______ Date you reported the card stolen

and closed the account:_____

FSP - The card must be status " STOLEN "

Debit / ATM Card	
Number	

Section 3

Cardholders need to clearly describe the reason why they are questioning the transaction, the **MORE** information they provide the better chance for successful recovery of funds.

Date merchant was	What was the outcome? Please be specific:
contacted	

I understand that the credit union will notify me of the results of their investigation within ten (10) business days [twenty (20) business days if the transaction was not performed in The United States] after the date I notified them. If the credit union needs more time to investigate the error, they will credit my account for the amount of the discrepancy. I realize that the credit union may take back this credit within forty-five (45) business days [ninety (90) business days if the transaction was not performed in The United States] if they find that there was not an error when the investigation is complete.