

Card Fraud and Dispute Form

BEFORE DISPUTING ANY CHARGES, YOU MUST MAKE EVERY EFFORT TO RESOLVE THE DISPUTE WITH THE MERCHANT

Complete this Dispute Form for the purpose of disputing a transaction(s) conducted with your debit or ATM card(s).

Do not use this form if:

- You gave, sold, or traded your account number or card(s) to anyone. You have given anyone permission to use your account number or card(s) or PIN.
- You received any benefits from the disputed/unauthorized transaction(s).

Please note:

Any Provisional Credit may take up to 10 business days (20 if new account) to be credited to your account during our investigation.

Member Information
Account Number
Name
Phone Number
Email Address

Disputed/Unauthorized Transactions		
CBC Card Number:	Was Law Enforcement Notified? <input type="checkbox"/> Yes (Attach Copy of Police Report) <input type="checkbox"/> No	
At the time of the disputed transaction, my card was: <input type="checkbox"/> In my Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen		
Date of Discovered Loss	Date Reported to Credit Union	
Date of Transaction	Merchant Name	Amount of Transaction
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

PLEASE FILL OUT THE DISPUTE TYPE DETAILS ON PAGE 2 BEFORE SIGNING BELOW

Please verify each of the statements below:

- I completed this Cardholder Dispute Form for the purpose of disputing a transaction(s) conducted with my debit or ATM card(s).
- I did not give, sell, or trade my account number or card(s) to anyone. I have not given anyone permission to use my account number or card(s) or PIN.
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) before or after the date of the first disputed/unauthorized transaction(s) indicated above.
- I did not receive any benefits from the disputed/unauthorized transaction(s). I understand that I may be prosecuted for fraud if it is found that I received any benefit from the disputed transaction(s).
- I understand that any Provisional Credit may take up to 10 business days (20 if new account) to be credited to my account during the investigation.

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, which may be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or account. I am an authorized signer, or otherwise have authority to act on the account identified within this statement. I attest that the transaction(s) above was not originated with fraudulent intent by me or any person acting in concert with me. I also attest that the information above is true and correct.

Signature	Date
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Type of Dispute: Please check one of the dispute types below and fill out necessary information	
<p><input type="checkbox"/> CANCELLED MEMBERSHIP: The merchant charged your account after a membership cancellation had been processed. *You must attach a copy of a letter, email, or fax informing the merchant of cancellation.* When did you contact the merchant? _____ Reason for cancellation: _____ Date of cancellation: _____ Cancellation #: _____ Were you advised of a cancellation policy: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> BILLED MORE THAN ONCE: You authorized one transaction from the merchant, but the merchant posted payment more than once. *You must attach a copy of the original sales receipt.* Valid Transaction \$ _____ Post Date: _____ Invalid Transaction \$ _____ Post Date: _____</p>
<p><input type="checkbox"/> MERCHANDISE OR SERVICE NOT RECEIVED OR AS DESCRIBED: The merchant failed to refund your transaction after you had either not received any merchandise for an authorized transaction, or not received the merchandise or service as described. *You must contact the merchant to resolve the dispute and attach any correspondence regarding the dispute with the merchant.* When did you contact the merchant? _____ What was the merchant's response? _____ What was the expected delivery date or date of service? _____ Pick up date? _____ Did you cancel with the merchant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ how? _____ Describe the merchandise or service that was ordered: _____ Why was the merchandise or service not acceptable? _____</p>	<p><input type="checkbox"/> MERCHANDISE RETURNED: The merchant failed to refund your transaction after you returned merchandise received for an authorized transaction. *You must attempt to return the merchandise prior to filing this dispute and attach a signed proof of return or credit slip.* What was ordered? _____ What was received? _____ Was the merchandise suitable for the purpose intended? _____ Merchant's response? _____</p> <p><input type="checkbox"/> UNAUTHORIZED CHARGE: Someone other than you or another authorized user used the card and you receive no benefit from the transaction(s). *You must report your card lost or stolen and a new card will be issued* I certify that I did not authorize or participate in this/these transaction(s) with the above-mentioned merchant(s), nor did I authorize anyone else to use my card.</p>
<p><input type="checkbox"/> CREDIT POSTED AS SALE: Merchant charged the account instead of crediting the account. *You must attach a copy of the credit slip and the original sales slip*</p>	<p><input type="checkbox"/> CREDIT NOT RECEIVED: Merchant did not credit the account. *You must attach a copy of the dated credit slip or notice of credit from the merchant and a detailed explanation of your dispute in the comments section below.*</p>
<p><input type="checkbox"/> BILLED IN EXCESS: You authorized a certain dollar amount transaction, but merchant posted a higher dollar amount. *You must attach a copy of the sales receipt.* I authorized a charge in the amount of \$ _____ I was billed for a transaction totaling \$ _____ that I did not engage in.</p>	<p><input type="checkbox"/> PAID BY OTHER MEANS: You paid the merchant using other means, but merchant still charged your account. *You must provide proof of paid by other means such as a copy of the cancelled check (front and back), a cash receipt, or a billing statement from another credit card.* When did you contact the merchant? _____ What was the outcome of the merchant contact? _____</p>
<p><input type="checkbox"/> OTHER: Please attach a DETAILED description on a SEPARATE SHEET outlining the disputed item. Please contact Card Services for guidance if choosing this option.</p>	
<p><input type="checkbox"/> ATM DISPUTE: Use for any transactions performed at the ATM machine only.</p> <p><input type="checkbox"/> No cash was dispensed from the ATM machine.</p> <p><input type="checkbox"/> Partial cash was dispensed from the ATM machine. Requested \$ _____ from ATM machine, but received \$ _____</p> <p><input type="checkbox"/> The incorrect deposit amount was processed by the ATM machine The deposit was <input type="checkbox"/> Cash <input type="checkbox"/> Check(s) The amount of the deposit was \$ _____ but the amount credited to the account was \$ _____</p> <p><input type="checkbox"/> I did not authorize or conduct this transaction Is the card currently in your possession? <input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone else have any knowledge of your PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of suspected unauthorized user (if known) _____</p>	