



Cardholder Dispute Form

AFFIDAVIT

Member Information

I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my debit card to anyone nor 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 debit card.

Member Number	Cardholder Name	Debit Card Number (16 digits)
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Type of Card Loss: ☐ Lost ☐ Stolen ☐ Never Received ☐ In my possession at all times when fraud occurred

BEFORE DISPUTING CHARGE, PLEASE FIRST CONTACT THE MERCHANT FOR A RESOLUTION.
IF UNABLE TO RESOLVE DIRECTLY, PLEASE DOCUMENT THE MERCHANT'S RESPONSE BELOW.
THIS INFORMATION IS UTILIZED IN THE DISPUTE PROCESS.

Date	Amount	Merchant Name	Merchant Response

Did you authorize or participate in the transaction(s)? ☐ Yes ☐ No

Did you provide the merchant your card information for this transaction(s)? ☐ Yes ☐ No

If yes, select from the options below, your reason for the dispute.

- ☐ **Cancellation of merchandise or service.** *This includes free or discounted trials.*
Did you cancel according to the terms and conditions from the merchant or service?
☐ **Yes** Date of Cancellation _____; Method of Cancellation _____
☐ **No** Please contact the merchant to cancel service in accordance with the accepted terms and conditions.
- ☐ **Merchandise or service not received.**
Expected delivery date was on _____. I have contacted the merchant on _____
Date Date(s)
for a resolution by _____
For example: Phone, email, letter, website inquiry, face-to-face
Merchant response: _____

- ☐ **Dissatisfied with merchandise or service.** *For example: wrong item was sent, delivered damaged or missing pieces*
Please provide details _____

☐ **Charged incorrectly.**

The amount charged was \$_____. The correct amount that should have been charged is \$_____.

☐ **Double billed.**

The original transaction amount of \$_____ was posted on _____ Date
\$_____ was posted on _____ Date

Please provide any additional information regarding this dispute that would be helpful in the investigation.

Do you know who may have used your card for this transaction(s)? ☐ Yes ☐ No

Name of Unauthorized User: _____

Relationship to Unauthorized User: _____

Has this loss been reported to a police department? ☐ Yes ☐ No

Authority Contacted _____

Phone Number _____

Police Report Case Number _____

The Credit Union has the right to share this information with law enforcement.

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. Further, I understand 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. I understand my card will be suspended upon submission of this form.

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.

Member Signature

Date

Joint Member Signature

Date

For Credit Union Use Only

Has a new card been ordered? ☐ Yes ☐ No Employee Initials _____ Date _____