



## Cardholder Dispute Form & Fraudulent Use Affidavit

ATM/Debit/Credit Cards

Please fax to 202-673-3508 or email to [info@dccreditunion.coop](mailto:info@dccreditunion.coop)

Today's Date: \_\_\_\_\_ Member Number: \_\_\_\_\_

Card Number \_\_\_\_\_ Last 4 Digits of S.S. # \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Total Amount of Loss (\$): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

I requested the card: Yes No Number of cards issued with this number \_\_\_\_\_

Type of Card: Credit Card Debit Card ATM Card

At time of disputed/fraudulent transaction, my card was:

- Lost
- Stolen
- In my possession
- Not received

Date loss was discovered: \_\_\_\_\_ Date loss reported to Credit Union/Processor: \_\_\_\_\_

Have you ever granted permission for anyone (other than yourself) to use your card? Yes No

If yes, who: \_\_\_\_\_

Have you previously transacted business with this/these merchants? Yes No

If yes, did you contact the/these merchants: Yes No

Date/Amount/Merchant Name for your **last authorized** transaction: \_\_\_\_\_

Date/Amount/Merchant-Location of the **first fraudulent** transactions: \_\_\_\_\_



Was Law Enforcement notified?                      Yes    No

If yes, Agency & Phone: \_\_\_\_\_ Case No. \_\_\_\_\_

**For Disputed Transactions – Merchandise and/or Services:**

\_\_\_\_ Merchandise was returned

\_\_\_\_ Merchandise/Service was never received

\_\_\_\_ I was overcharged

\_\_\_\_ I paid by other means: \_\_\_\_\_

Date Refund Requested: \_\_\_\_\_ Merchandise Return Date: \_\_\_\_\_

Date merchandise/service was received: \_\_\_\_\_

What was ordered: \_\_\_\_\_

Merchant's response to your request for credit: \_\_\_\_\_

(Please attach receipt or other documentation of payment and/or postal receipt or tracking number.)

- Canceled Service
- Canceled Pre-authorized Charge                       Canceled Hotel Room\*

Date of cancellation \_\_\_\_\_ Cancellation number \_\_\_\_\_ Date refund requested \_\_\_\_\_

Merchant's response to your request for credit \_\_\_\_\_

\*If Hotel, must have a cancellation number.

- I was billed twice for the same transaction

Authorized charge transaction date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Unauthorized charge transaction date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_



Not as described

Date merchandise returned \_\_\_\_\_ Date of refund request \_\_\_\_\_ Merchant contact date \_\_\_\_\_

Merchant's response to your request for credit \_\_\_\_\_

What was expected versus what was received? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach postal receipt or list tracking number for return. \_\_\_\_\_

Other. DETAILED description. If more space is needed attach a separate sheet to this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUDULENT TRANSACTION(s) \*You understand that by completing the information in this section:  
YOUR CARD WILL BE CLOSED. You affirm that you did not authorize or participate in the transactions listed below.\***

Location where was card lost or stolen: \_\_\_\_\_

What other property was lost/stolen with the card: \_\_\_\_\_

Was the Personal Identification Number (PIN) kept with the card?      Yes      No

If **NO**, how was the PIN known to the subject who used the card? \_\_\_\_\_

Who discovered the fraud? \_\_\_\_\_

How did fraud or loss occur? \_\_\_\_\_



**DISPUTED OR UNAUTHORIZED DEBIT/ ATM TRANSACTION(S)**

Please list all transactions being disputed\*

Transaction (deposit, disputed merchant's name, withdrawal, etc.)	Date	Amount	Credit Union Use Only		
			Copy Req'd	Credit Rec'd	CB#

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/affirm that this Cardholder Dispute Form 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's Signature: \_\_\_\_\_ Co-Applicant/Authorized Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_

Who is personally known to me or presented \_\_\_\_\_ as identification.  
[Notary Stamp]

Notary Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

For Credit Union Use Only: Date Received: \_\_\_\_\_ Employee ID: \_\_\_\_\_