

Debit Card Transaction Fraud/Dispute Form



5300 N. Fresno Street Fresno, CA 93710
 Phone: 559-228-1997 Fax: 559-228-0350

Date: _____

Part I: Contact Information		
Cardholder Name	Card #	Member #
Street Address	City, State, Zip	Best Contact #

Part II: Transaction Details		
Date	Merchant	Amount

Did you participate in the above transaction(s)? Yes No
 (If the answer is **Yes, please continue to answer Part III: Dispute Transactions**
 If the answer is **NO, please proceed to answer Part IV: Fraud Transactions**

(NOT FRAUD) Part III: Dispute Transactions

Why are you disputing this transaction? Cancellation Not received Dissatisfied Charged incorrectly
 Were you charged more than once? Yes, more than once No, charged an incorrect amount
 How much of the transaction amount are you disputing? Full amount Partial amount \$ _____

Part IV: Fraud Transactions

Is your card Lost/Stolen? Yes No If Yes, Lost or Stolen
 Names of anyone who may have access to your Debit Card/PIN: _____
 Do you know who may have used your card for the above transaction(s)? Yes, Who? _____ No
 Did you file a police report? Yes, Police Report #, Date & City Filed: _____ No
 Is there any additional information you would like to provide? Yes No

Investigation Procedure:

We will investigate and respond to your claim within 10 business days from the date your dispute was filed. If we need more time, a provisional credit will be given within those 10 business days and we will have up to 90 days to resolve the disputed transaction(s). Furthermore, if we determine that no error occurred, you will be notified of the date and amount of any debit we make to reverse the provisional credit and a **\$20.00 fee will be assessed for each disputed transaction determined to be valid.** If we determine that an error did occur, you will be notified of the amount of the credit, or if appropriate, that the provisional credit is final.

Part V: Cardholder Signature

Unauthorized or Fraudulent Use Disclaimer:

This Debit Card Transaction Fraud/Dispute form was completed for the purpose of establishing the fraudulent use of my debit card. My debit card was not given to anyone nor was anyone given permission to use the card. I did not receive any benefit from the unauthorized use of my debit card. I confirm I did not originate or authorize the transaction.

By signing below, I declare that I did not originate the posted transaction(s) with fraudulent intent. I further agree to fully cooperate with Central Valley Firefighters Credit Union in any investigation it may conduct and agree that failure to cooperate authorizes Central Valley Firefighters Credit Union to debit my account(s) for any amount the financial institution has paid me based upon this affidavit. I attest the information given on this Debit Card Transaction Fraud/Dispute form is true and I understand that making a false statement is subject to federal and/or state law and may be punishable by fine and/or imprisonment.

Cardholder Signature: _____ Date: _____