



Debit Card Transaction Fraud/Dispute Form

Date:

Part I: Contact Information

Cardholder Name	Card Number	Member Number
Street Address	City/State/Zip	Phone Number

Part II: Merchant Details

Date	Merchant	Amount

Did you participate in the above transaction(s)? Yes No

If YES, please continue to answer **Part III: Dispute Transactions**. If NO, please continue to answer **Part IV: Fraud Transactions**.

Part III: Dispute Transactions (NOT FRAUD)

Why are you disputing this transaction? Cancellation Not received Dissatisfied Charged incorrectly

Were you charged more than once? Yes No, charged an incorrect amount

How much of the transaction are you disputing? Full amount Partial amount \$ _____

Part IV: Fraud Transactions

Is your card Lost/Stolen? Yes No **If Yes:** Lost or Stolen

Name(s) of anyone who may have access to your Debit Card/PIN: _____

Do you know who may have used your card for the above transactions? Yes, (Who?) _____ No

Did you file a police report? Yes, (Report Number, Date, City Filed): _____ No

Is there any additional information you would like to provide? Yes No **If Yes, remark below:**

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