



## ATM/CHECK CARD DISPUTE FORM

Please provide all the information requested below. Send any additional documentation that may be relevant to your claim. \*\* Not completing all the requested information may cause a delay in the processing of your claim. (Please note you cannot place a stop payment on a Visa Check Card transaction.)

Account# \_\_\_\_\_ Member Name \_\_\_\_\_ Date \_\_\_\_\_

Card# \_\_\_\_\_ Daytime Phone# \_\_\_\_\_ Evening Phone # \_\_\_\_\_

### Visa Check Card Dispute (no pin used/signature transaction)

Disputed Transaction(s): Please list the transaction(s) you are disputing, including the amount and date each transaction cleared your account. \*\*If the transaction(s) are fraudulent, please complete pages 2 and 3, sign, and have the Affidavit notarized. Your Visa Check Card will be closed at this time.

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In the space provided below, please explain in detail why you wish to dispute the above transaction(s). \*\*Please use back if more space is needed.

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In the space provided below, please list all your attempts to resolve the matter with the merchant(s) since the transaction(s) have cleared your account. \*\* If you have not called the merchant(s), please do so before submitting this claim.

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### ATM Dispute (pin used)

Disputed Transaction(s): Please list the transaction(s) you are disputing, including the amount and date they cleared your account. \*\*If the transaction(s) are fraudulent, please complete pages 2 and 3, sign, and have the Affidavit notarized. Your ATM/Visa Check Card will to be closed at this time.

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In the space provided below, please explain in detail why you wish to dispute the above transaction(s).

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I certify the above information is correct. I understand Chartway has 10 business days to investigate my ATM claim and 5 business days to investigate my Check Card claim from the day the completed forms are received. If further research is required, they will provisionally refund my account by the 5<sup>th</sup> or 10<sup>th</sup> business day, for the amount(s) in question. If the credit union completes its investigation and decides there was no error, my account will be debited for the amount previously refunded. I may request copies of documents the credit union used to make its decision.

Cardholder Signature: \_\_\_\_\_

Retail Employee Name: \_\_\_\_\_ Branch \_\_\_\_\_

Claim Number
Credit Union
Contract Number

## Cardholder Dispute Form

### Fraudulent Use of a Credit Card, Debit Card, or ATM Card

#### Cardholder Information

Cardholder Name		Home Phone ( )	Work Phone ( )
Mailing Address	Street	City	State Zip
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).
- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) 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 Credit/Debit/ATM card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized on the back of this page or on an attached page) \$ \_\_\_\_\_

Name and Address of Unauthorized User (if known)

**Please provide details (if necessary) on a separate sheet.**

#### Signatures

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 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.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_  
Co-Applicant/Authorized Signer Date

