

CASE Credit Union Cardholder Dispute Form

Name _____ Home Phone _____
Address _____ Work Phone _____
City, St, Zip _____
Account # _____
16-Digit Card _____
Type of Card: Debit ☐ Credit ☐ ATM ☐

Check all that apply:

- ☐ My card was in my possession at all times
☐ My card is lost
☐ My card was stolen
☐ Unauthorized Transaction(s)

This transaction is being disputed because: _____

_____Has this been reported to law enforcement? ☐ Yes ☐ NoI have tried to resolve this matter with the merchant by: _____

Date of Cancellation _____ Cancellation # _____

Please include a copy of the cancellation policy with this dispute; if one was not provided, please clearly state that a cancellation policy was NOT provided.

CASE Credit Union Cardholder Dispute Form (Continued)

| Merchant Name | Item Purchased (if known) | Amount | Tran Date |
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CASE Credit Union Cardholder Dispute Form (Continued)

Please check all that apply.

- ☐ I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Debit/Credit/ATM card(s).
- ☐ I certify that the transaction(s) listed above were not conducted by myself, joint borrower or any authorized user.
- ☐ I did not give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card(s), nor did any authorized user.
- ☐ 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 Debit/Credit/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 the unauthorized transactions (itemized on the previous page(s)):

\$ _____

Name and Address of Unauthorized User (if known):

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state and federal law enforcement agency so that 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 affirm the 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 fine and/or imprisonment.

Cardholder's Signature

Date

Employee Accepting Documentation

Date