



**CASE Credit Union Cardholder Dispute Form**

Name \_\_\_\_\_ HM Phone \_\_\_\_\_  
Address \_\_\_\_\_ WK 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      No

**I 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)**

**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.
- Yes, I'm interested in having direct control over my card with my Smartphone. Please send me more information about CardValet.

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**

**Please email the completed CASE CU Cardholder Dispute Form to [eBranchDepartment@casecu.org](mailto:eBranchDepartment@casecu.org)**