



Statement of Occurrence for Fraudulent or Disputed Transactions

This form will help MCCU complete an investigation regarding your claim for a disputed or fraudulent transaction on your account(s) with us. Please fill out this form in its entirety.

I am filing a claim for:

A Debit Card Dispute Debit Card Fraud Check Fraud An Unauthorized ACH

Your Name: _____ Affected acct. number(s) _____

Please tell us in your own words what happened:

I represent and warrant that I have disclosed all facts as I know them.

Signature

Date

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)	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Member's Signature</td> <td style="width: 20%;">Date</td> </tr> <tr> <td>Co-Applicant/Authorized Signer</td> <td>Date</td> </tr> </table>	Member's Signature	Date	Co-Applicant/Authorized Signer	Date
Member's Signature	Date				
Co-Applicant/Authorized Signer	Date				

FRAUDULENT TRANSACTION DISPUTE FORM

Name: _____

Visa card number: _____

I certify that my Visa card was:

- Lost (0) Stolen (1) Card not received (2) Counterfeit (4) Fraudulent use of card (6)

and the following transactions were not made by me or anyone authorized to use my Visa card.

1. Date: _____ Amount: _____ Merchant: _____
2. Date: _____ Amount: _____ Merchant: _____
3. Date: _____ Amount: _____ Merchant: _____
4. Date: _____ Amount: _____ Merchant: _____
5. Date: _____ Amount: _____ Merchant: _____
6. Date: _____ Amount: _____ Merchant: _____
7. Date: _____ Amount: _____ Merchant: _____
8. Date: _____ Amount: _____ Merchant: _____
9. Date: _____ Amount: _____ Merchant: _____
10. Date: _____ Amount: _____ Merchant: _____
11. Date: _____ Amount: _____ Merchant: _____
12. Date: _____ Amount: _____ Merchant: _____
13. Date: _____ Amount: _____ Merchant: _____
14. Date: _____ Amount: _____ Merchant: _____
15. Date: _____ Amount: _____ Merchant: _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.

Cardholder signature

Date

Institution use only:

As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s).

In addition we certify the following information: Issuer certifies account was closed ___/___/___ Issuer certifies fraud was reported on DPS VROL ___/___/___.

Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

Additional Fraud:

16. Date: _____ Amount: _____ Merchant: _____

17. Date: _____ Amount: _____ Merchant: _____

18. Date: _____ Amount: _____ Merchant: _____

19. Date: _____ Amount: _____ Merchant: _____

20. Date: _____ Amount: _____ Merchant: _____

21. Date: _____ Amount: _____ Merchant: _____

22. Date: _____ Amount: _____ Merchant: _____

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42. Date: _____ Amount: _____ Merchant: _____

43. Date: _____ Amount: _____ Merchant: _____

44. Date: _____ Amount: _____ Merchant: _____

45. Date: _____ Amount: _____ Merchant: _____

Additional Fraud:

46. Date: _____ Amount: _____ Merchant: _____

47. Date: _____ Amount: _____ Merchant: _____

48. Date: _____ Amount: _____ Merchant: _____

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73. Date: _____ Amount: _____ Merchant: _____

74. Date: _____ Amount: _____ Merchant: _____

75. Date: _____ Amount: _____ Merchant: _____