

# FRAUDULENT TRANSACTION DISPUTE FORM

You can only claim transactions that have cleared your account; pending transactions do not count as an error.  
If/when these charges clear, another claim will need to be submitted..

Name:  Visa card number:   
(required)

I certify that my Visa card was:

- Lost (0)    Stolen (1)    Card not received (2)    Counterfeit, card present (4)    Card still in my possession (6)

**I, or anyone authorized by me to use my card, did not authorize, participate in, or benefit from the following transactions:**

Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>
Date:	<input type="text"/>	Amount:	<input type="text"/>	Merchant:	<input type="text"/>

*I certify that I did not use and that I did not authorize anyone else to use my card for the Disputed Transactions identified above.*

*I also certify that I did not receive any value or benefit in connection with the Disputed Transactions.*

*I have made available above all information and suspicions I have about the Disputed Transactions, including any information regarding the identity of the person who wrongfully used my card for the Disputed Transactions.*

*I authorize you to share the above information with law enforcement, banking regulators and other third parties in connection with any investigation of the Disputed Transactions, including any criminal investigation.*

*I agree to cooperate in any such investigation and in the prosecution of any person believed to be responsible for fraudulently using my card.*

***I certify that the information in this Fraudulent Transaction Dispute Form is true and correct.***

Cardholder signature

Date

---



# FRAUD QUESTIONNAIRE

*Each question is required, and if not answered, can delay the processing and posting of provisional credit back to your account.*

Cardholder's name:

Today's Date:

Best Contact Phone Number:

Your Email:

Where do you keep your card?

Where do you keep your PIN?

Is your PIN something that is easily known? (Birthdate/Year, 1234, etc.)    Yes                  No

Who has access to your card and/or PIN, if anyone?

Have you ever given your card to anyone else? (who)

Who else besides you knows your PIN?

That you are aware of, was this card ever out of your possession prior to the fraud occurring? (lost & recovered, given to an authorized user, etc.) Please Explain:

Please provide a summary of the situation leading up to filing a claim with as many details that you can provide. Please include if you have had a relationship with the merchant, how you discovered the loss, if you have any authorized users, and whether or not they participated in the transactions. Any detail that can help us recover your funds is appreciated.

# AFFIDAVIT OF FRAUD

(REQUIRED)

If you have already filed a police report or intend to, please provide that information below or contact TwinStar Credit Union with the case number.

TwinStar Credit Union may also choose to file an additional police report for the fraud

Fraudulent Use of a Credit Card, Debit Card, or ATM Card		
Cardholder Information		
Cardholders Name	Home Phone	Work Phone
Mailing address	Street	City State Zip
Card Information:	Card Number	Was law enforcement Notified? Yes No
Type of Card: Debit Credit ATM Card Heloc	At the time of the Fraudulent transaction, my card was: <input type="checkbox"/> in my possession <input type="checkbox"/> Lost Card <input type="checkbox"/> Never received in the mail <input type="checkbox"/> Stolen Card <input type="checkbox"/> Fraudulent Application <input type="checkbox"/> Counterfeit <input type="checkbox"/> Mail/Telephone Order/Internet Fraud	Police report Number and Agency #: _____ Agency: _____
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction
<ul style="list-style-type: none"><li>I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit ATM Card(s).</li><li>I did not give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card(s).</li><li>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.</li><li>I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).</li><li>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.</li><li>I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.</li><li>Further, I did not receive proceeds or benefits from any of those transactions.</li></ul>		
Total amount of unauthorized transactions:		
Name and Address of unauthorized User. If not known, please type "unknown":		
<b>This document is not valid unless the cardholder's signature is below:</b>		
<i>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 swear the Cardholder Dispute Form is true and understand that making a false statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.</i>		
Signed _____	Date _____	