## **Fraudulent Transaction Dispute Form**

* Name:	* Visa card number:
	(on which the transaction occurred)

## Instructions for filing a dispute

Please note: this form is only to be used to dispute transactions that you believe to be fraudulent. A fraudulent transaction is one in which you did not authorize, participate in, or benefit from. If you are disputing transactions that you do not consider to be fraudulent, please use the Cardholder Dispute Form. Include a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed below. Fields with asterisks (\*) are required.

- 1. To submit a dispute using this form, please make sure that you complete all information. Any missing information will cause a delay in the processing of your dispute.
- 2. The form can be completed by one of the following methods:
  - Filling it out within online banking and then submitting it
  - Printing the form and then filling it out by hand
- 3. Return this form to your financial institution per their instructions.

I certify that I did not use and that I did not authorize anyone else to use my card for the Disputed Transactions identified below. I also certify that I did not receive any value or benefit in connection with the Disputed Transactions. I have made available below 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 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		
* I certify that my V	isa card was:				
Lost	Stolen	Card not received	Card is in my possession		

#### Fraudulent Transactions

\* For Institution use only: Order Draft for the following:

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

Date:	* Amount:	* Merchant:
Date:	Amount:	Merchant:

Card Number Page Of

### \* For Institution use only: Order Draft for the following:

#### **Additional Fraudulent Transactions**

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

Date: Merchant: Amount: Date: Amount: Merchant: Merchant: Date: Amount: Merchant: Date: Amount: Date: Amount: Merchant: Date: Amount: Merchant: Amount: Merchant: Date: Merchant: Date: Amount: Date: Amount: Merchant: Date: Amount: Merchant: Date: Amount: Merchant:

#### **Additional Information**

Provide Additional Information: Please use an additional sheet of paper, if necessary.

#### **Required certifications:**

We certify that our cardholder neither participated in nor authorized the referenced transaction(s). Issuer certifies account was closed on: (mm/dd/yyyy)

Issuer certifies fraud was reported on DPS VROL on:

(mm/dd/yyyy)

Issuer certifies account was placed on the Exception File, with a pickup code on:

(mm/dd/yyy)

We certify that this information was received by the Cardholder in a secure telephone banking environment using the same level of security needed to complete a transfer of funds to another financial institution.

Date and time of the call

(mm/dd/yyyy hh:mm AM/PM)

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

<sup>\*</sup> The following checkboxes are for Institution Use Only

## 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?	
Who has access to your card and/or PIN, if anyone?	
lave you ever given your card to anyone else? (who)	
Vho else besides you knows your PIN?	
That you are aware of, was this card ever out of your possession prior Please Explain:	to the fraud occurring? (lost & recovered, given to an authorized user, etc.)
	n with as many details that you can provide. Please include if you have had a lave any authorized users, and whether or not they participated in the liated.

# AFFIDAVIT OF FRAUD

(REQUIRED)

If you have already filed a police report or intend to, please provide that information below or contact Great NorthWest FCU with the case number. We 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:	At the time of the Fraudulent transaction, my card was:		Police report Number and Agency			
Debit	☐ in my possession ☐	Lost Card	#:			
Credit	☐ Never received in the mail ☐	Stolen Card				
ATM Card	Fraudulent Application	Counterfeit				
Heloc	Mail/Telephone Order/Internet Fraud		Agency:			
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor			Date of First Fraudulent Transaction		
<ul> <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 may 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":						
This document is not valid unless the cardholder's signature is below:						
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 statues and may be punishable by fine and/or imprisonment.						
Signed	Date					