FRAUDULENT TRANSACTION DISPUTE FORM

Verity CREDIT UNION

Name: _____ Visa card number: _____
(that the transaction occurred on)

INSTRUCTIONS

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 Non-Fraud Transaction 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.

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 filling it out online or by hand and then printing it.

☐ 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 Visa card was:

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

Date fraud detected: _____

If the fraudulent transactions were performed through an ATM, please also fill out page 2 and have the form notarized.

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

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

ADDITIONAL INFORMATION

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

* *Institution use only:*

Credit ☐ Log ☐ Tiff ☐ Card closed ☐

Received by: _____

** Only use this form to for ATM fraud ** CARD _____ PAGE ____ OF ____

AFFIDAVIT OF UNAUTHORIZED ATM TRANSACTIONS

I, _____, hereby declare and swear under oath:

1. To the best of my knowledge, my ATM/Debit card ("Card") was: (check one of the following)

   ☐ Lost on _____(MM/DD/YYYY) ☐ Stolen on _____ (MM/DD/YYYY)

   ☐ Never Received. ☐ In my possession at all times when the fraudulent transaction occurred.

2. I learned of the fraud on _____ (MM/DD/YYYY). I reported my Card lost/stolen on _____ (MM/DD/YYYY).

3. The transactions listed were: (check all true statements)

   ☐ not made, nor authorized, by me.

   ☐ to the best of my knowledge, not made by any person who was authorized to use my Card.

4. I suspect the following individual as the person illegally using my Card.

   Suspect Information:

   Name _____ Phone Number _____

   Address _____

5. My Personal Identification Number (PIN) ☐ was ☐ was not written down on my Card or anywhere else.

6. I ☐ have ☐ have not allowed another person to use my Card in the past.

7. I authorize Verity Credit Union to release any information regarding my Card to any federal, state, or local 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.

Cardholder Signature _____Date _____

State of Washington
County of _____
Subscribed and sworn to before me this ____ day of
_____, _____.

_____
Signature of Notary Public

_____
Title

My Appointment
expires: _____