



### Section C: Type of Error

(Check all that apply.)

- The above transaction(s) were not made or authorized by me.
- I made the transaction(s) but no funds were dispensed or the transaction was denied.
- The card was lost prior to the transaction date (Please see part C and D for detailed customer statement).
- The card was stolen prior to the transaction date (Please see part C and D for detailed customer statement).
- The PIN was written on the card.

### Section D: Details of Dispute:

Please describe your reason for disputing the transaction(s) in question. Please state if the transaction was conducted without your knowledge or authorization. Please include names, dates, and any other applicable information; for example, was the transaction recurring, part of an installment, or a one-time charge? If available, please provide copies of original receipts or confirmations.

### Section E: Actions Taken by Card Holder to Resolve Dispute

For transaction disputes, please describe the steps taken to resolve the dispute with the merchant. What date was the attempt made? What was the merchant's response? (MANDATORY for cases involving quality disputes, services not performed as expected, cancelled recurring payments and non-receipt of merchandise. For unauthorized transactions, the card holder must contact the merchant if a phone number has been provided on the account statement.)

## Section F: Cardholder Signature

I understand that any person who knowingly and with intent to injure, defraud, or deceive any financial institution, files a statement of claim containing any false incomplete or misleading information, is guilty of a felony of the third degree and can be prosecuted for such.

<-- **Initial**

I make this statement for the purpose of establishing the fraudulent use of my ATM or debit/credit card. I did not give, sell or trade my ATM or credit/debit card to anyone, nor did I give anyone permission to use my card(s). I have no knowledge that my spouse, child or relative is/may be involved in performing the transaction(s) indicated. I did not receive benefit from the unauthorized use of the card(s) in question.

<-- **Initial**

I understand that it is my obligation to provide and/or fully execute all required information or forms, including Police Report as requested (for PIN based plastic claims), signed affidavit and valid government issued identification. If I fail to provide or execute the information required to make the claim, it will be denied; if I reported the alleged loss of funds by phone, I must provide/execute the required forms and ensure that they are received by my Financial Institution no later than 10 business days from the date that I reported the alleged loss of funds.

<-- **Initial**

*Print & Sign Before Returning Form.*

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Card Holder Signature *(Required)*

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Date

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Cardholder Printed Name *(Required)*

MembersFirst Credit Union  
Attn: Card Department  
P.O. Box 33189, Decatur, GA 30033