



## Card Holder Statement

### Signature Transactions

Card Number \_\_\_\_\_

Provide the card number on which the disputed transaction occurred

Case Number 

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#### Type of Claim: Plastic Card Merchant Dispute / Fraud Claim

**Your Card Will Be Permanently Blocked If Initiating a Fraud Claim**

**My Card Was:** ☐ Never Received ☐ Stolen ☐ Lost ☐ In My Possession

**Check Only One:** ☐ Fraud Claim ☐ Merchant Dispute

**For Fraud Claims, complete sections A, B, C and E**

#### Section A: Cardholder Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Date Loss Discovered: \_\_\_\_\_ Date Loss Reported to Financial Institution: \_\_\_\_\_

Date of First Alleged Fraudulent Transaction: \_\_\_\_\_

#### Section B: Suspicious Dispute / Fraud Transactions

Transaction Date	Post Date	Amount	Merchant Name

#### Section C: Type of Error (Check all that apply.)

- ☐ The above transaction(s) were not made or authorized by me.
- ☐ The card was stolen prior to the transaction date.
- ☐ I made the transaction(s) but the transaction was denied.
- ☐ The PIN was written on the card.
- ☐ The card was lost prior to the transaction date.

**Additional Information:** Please provide additional information for this fraud claim. Please attach additional pages if necessary.

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## Section D: Details of Merchant Dispute

Please **check only one statement** that pertains to the dispute claim being filed and provide the requested information.

☐ **Incorrect Amount (I was billed the wrong amount.)**

What was the amount you should have been billed? \_\_\_\_\_

Detailed description of what was purchased:

Please provide a receipt, if available.

Date of contact with merchant: \_\_\_\_\_

Please describe your attempt to resolve this issue with the merchant.

☐ **Duplicate Charge (I was billed more than once for the same transaction.)**

Detailed description of what was purchased:

Please provide a copy of your statement and identify which charge is valid and which is a duplicate.

Date of contact with merchant: \_\_\_\_\_

Please describe your attempt to resolve this issue with the merchant.

☐ **Paid by Other Means (I paid for this transaction via another payment method or a different card.)**

Detailed description of what was purchased:

**Paid by:**    ☐ Check        ☐ Cash        ☐ Different Card        ☐ Other \_\_\_\_\_

Please provide a copy of your cash receipt, front and back of your canceled check, or a copy of your statement if another credit or debit card was used.

Date of contact with merchant: \_\_\_\_\_

Please describe your attempt to resolve this issue with the merchant.

☐ **Canceled (I was charged for something I previously canceled.)**

Detailed description of what was purchased:

Reason for cancellation:

Were you advised of the merchant's cancellation policy?    ☐ Yes        ☐ No

**If yes**, how were you advised? \_\_\_\_\_

What was your method of cancellation?    ☐ Phone        ☐ Mail        ☐ Email        ☐ Other (specify) \_\_\_\_\_

Date of cancellation: \_\_\_\_\_

Contact name and phone number of representative: \_\_\_\_\_

Date of contact with merchant: \_\_\_\_\_

Please describe your attempt to resolve this issue with the merchant.

☐ **Merchandise not as described** (The merchandise I received was not what I expected based on the description provided by the merchant)

Detailed description of what was purchased:

Date merchandise was received: \_\_\_\_\_

Date merchandise was returned or made available for pick-up: \_\_\_\_\_

Return authorization number or cancellation number, if available: \_\_\_\_\_

Tracking number for returned merchandise: \_\_\_\_\_

Date of contact with merchant: \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant and provide a detailed description of how the merchandise was different than described.

☐ **Service not as described.** (The service I received was not what I expected based on the description provided by the merchant)

Detailed description of what was purchased:

Date service was received: \_\_\_\_\_

Date you canceled/attempted to cancel your service: \_\_\_\_\_

Was merchandise received with the service? ☐ Yes ☐ No

**If yes**, please provide the following:

Date you returned the merchandise or made it available for pick-up: \_\_\_\_\_

Return authorization number or cancellation number, if available: \_\_\_\_\_

Tracking number for returned merchandise: \_\_\_\_\_

Date of contact with merchant: \_\_\_\_\_

Please describe your attempt to resolve this issue with the merchant.

☐ **Credit not processed (I did not receive credit that was promised to me by the merchant)**

Detailed description of what was purchased:

Date the credit was expected: \_\_\_\_\_

Date you received the merchandise/service: \_\_\_\_\_

Date you canceled or attempted to cancel the service: \_\_\_\_\_

Was merchandise received with the service? ☐ Yes ☐ No

**If yes**, please provide the following:

Date you returned the merchandise or made it available for pick-up: \_\_\_\_\_

Return authorization number or cancellation number, if available: \_\_\_\_\_

Tracking number for returned merchandise: \_\_\_\_\_

Please provide a copy of the return receipt/credit voucher or proof of return, if applicable, and/or any documentation you have that supports your claim that the merchant promised you credit.

Date of contact: \_\_\_\_\_

Please describe your attempt to resolve this with the merchant.

☐ **Non-Receipt of Merchandise or Service (I did not receive merchandise or service I ordered by the agreed upon date)**

Detailed description of what was purchased:

Date the merchandise or service was expected: \_\_\_\_\_

**If merchandise**, was it to be shipped or picked up? ☐ Shipped ☐ Picked up

Date of contact: \_\_\_\_\_

Please describe your attempt to resolve this dispute with the merchant.

### Section E: Signature

Initial	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.

Print and Sign before Returning Form

\_\_\_\_\_  
Cardholder Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Printed Name (Required)

MembersFirst Credit Union  
Attn: Card Department  
2476 Lawrenceville Highway  
Decatur, GA 30033