

**CARDHOLDER DISPUTE FORM AND FRAUDULENT USE AFFIDAVIT
FOR CREDIT, DEBIT, OR ATM CARD TRANSACTIONS**

PLEASE FAX COMPLETED FORM TO RISK MGMT. DEPT. AT 813-622-7393

Today's Date : _____ Member Number: _____

Card Number: _____ Last 4 Digits of S.S.#: _____

Cardholder Name: _____ Total Amount of Loss (\$): _____

Email Address: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____

Street City State Zip

Physical Address (if different): _____

Street City State Zip

I requested the Card Yes No Number of cards issued with this number _____

Type of Card: Credit Card Debit Card ATM Card

At time of disputed/fraudulent transaction, my card was: Lost Stolen In my possession Not received

Date loss was discovered: _____ Date loss reported to Credit Union/Processor _____

Have you ever granted permission for anyone (other than yourself) to use your card? Yes No

If yes, who: _____

Have you previously transacted business with this/these merchants? Yes No

If yes, did you contact the/these merchants Yes No

Date/Amount/Merchant Name for your **last authorized** transaction: _____

Date/Amount/Merchant-Location of the **first fraudulent** transactions: _____

Law Enforcement notified? Yes No If yes, Agency _____ Case No. _____

DISPUTED TRANSACTION(s) Please list all transactions on the next page.

Merchandise was returned Merchandise/Services was never received I was overcharged Paid by other means

Date Refund Requested: _____ Merchandise Return Date: _____ Date merch/svcs to be received: _____

What was ordered: _____

Merchant's response to your request for credit _____

(Please attach receipt or other documentation of payment and/or postal receipt or tracking number.)

Canceled Service Canceled Pre-authorized Charge Canceled Hotel Room*

Date of cancellation _____ Cancellation number _____ Date refund requested _____

Merchant's response to your request for credit _____

*If Hotel, must have a cancellation number.

I was billed twice for the same transaction

Authorized charge post date _____ Amount (\$) _____

Unauthorized charge post date _____ Amount (\$) _____

Not as described

Date merchandise returned _____ Date of refund request _____ Merchant contact date _____

Merchant's response to your request for credit _____

What was expected versus what was received? _____

_____ Please attach postal receipt or list tracking number.

