



Cardholder Dispute Form: Fraudulent Use of VISA Card

Member's Name		Card Number	
Member Number:		Best Contact Number:	
Mailing Address	Street	City	State Zip Code
Date Member Discovered Loss:	Date Member Reported Loss:	Did Member Notify Police?	
At the Time of Fraudulent Transaction, My Card Was? <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	Police Report # (Required if total amount is \$500 or above):		
	Total Amount of Unauthorized Transactions:		
<ul style="list-style-type: none">• I complete this Cardholder Dispute Form for the purposes of establishing the notification of fraudulent use of my debit/credit card(s).• I did not give, sell, or trade my card(s) to anyone, nor did I give anyone permission to use my card(s).• 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.• I did not receive any benefit from the unauthorized use of my debit/credit card.• I have examined all the unauthorized transactions and in each instance, I did not originate the transaction, nor did I authorize them.• Further, I did not receive proceeds or benefits from any of those transactions.• I understand True Sky can ask for me to supply additional documentation if they deem as required.• I understand by providing false or incorrect information can result in the delay/decline of my dispute. <p>I certify that I have reviewed the Fraud/Unauthorized Transaction Information documents (Itemized and attached) and they are accurate and include the correct supporting documentation</p>			

Signatures

I give my consent to True Sky Credit Union to release any information regarding my card and/or card account to an local, state, and/or federal 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 and/or my account. I swear this Cardholder Dispute form is true and understand that making false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

By filing this dispute, you understand that we will be closing your debit/credit card. Would you like to order a new debit/credit card?

- Yes
 No

(Signature)

(Date)



Fraud/Unauthorized Transactions Information

On what date did you realize your card was not in your possession? _____

On what date did you realize the unauthorized transactions on your account? _____

Have you ever conducted business with any of the merchants listed in this dispute? Yes No

If yes, which one(s)? _____

If yes, when? _____

Have you filed a police report for this loss? Yes No

If yes, please list the police department name: _____

If yes, please list the police report number: _____

(Please attach a copy of police report)

If no, please state the reason you have not filed the police report: _____

Please attach copies of all documentation, including screen shots, emails or texts between you and the merchant. Please also provide the phone number, extension, date, and representative's name. If there is any additional information that you would like to supply us with, please attach with this form or provide written statement below:
