



FRAUDULENT USE OF A CREDIT CARD, DEBIT CARD OR ATM CARD DISPUTE FORM

The Visa, Debit Card or ATM card associated with the fraudulent transaction(s) will be cancelled immediately, if not done so already, upon receipt of your completed fraudulent dispute form. This entire fraud claim packet must be completed and **SIGNED** by the cardholder, **NOTARIZED** and returned to Olympia Credit Union prior to a claim being processed. To preserve cardholder rights established by VISA Regulations, **we must receive these forms no later than 60 days after the item posted.** Any false or dishonest information may be grounds for denial of your dispute or subsequent revocation of services. **For any dispute totaling over \$25, a police case must be opened with the Department of your residence.**

Cardholder name: _____ Card number: _____

Address: _____ Daytime phone: _____

_____ Home phone: _____

Name of Police Department: _____ Case number: _____

When did you discover the fraudulent transactions on your account? _____

Do you have the card in your possession? YES NO

Where do you keep your card? _____ Where do you keep your pin? _____

Who has access to your card and/or your pin? _____

Did you ever give your card to anyone else? YES NO If yes, who _____

Did you ever give your pin number to anyone else? YES NO If yes, who _____

Was your card ever out of your possession? YES NO If yes, when _____

- Complete this cardholder dispute form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).
- I did not give, sell or trade my card(s) to anyone nor did I give 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 listed.
- I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).
- I did not use my card nor authorize the use of my card after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction or authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

Name and address of unauthorized user (if known) _____

By signing this form, I authorize Olympia Credit Union to disclose any and all information associated with this claim/incident, which may include account data, to law enforcement for the purposes of the investigation.

Cardholder signature _____

Office use only			
Completed paperwork received on _____	MSR/MSS _____	Card captured on _____	Processed by _____
Letter sent: 1. provisional credit _____ 2. Investigation required _____ 3. Denial _____ Provisional credit given on: _____ OCU received credit on _____			

Cardholder Unauthorized/Fraudulent Transactions

Name: _____

Card number: _____

If you have had previous dealings with these merchants and they have debited your account without your permission, you must use the *Debit or Credit Card Dispute Form* since these charges would not be considered fraudulent.

I certify that the following transaction(s) are fraudulent and was not made by me or anyone authorized to use my Credit/Debit card.

I certify that my credit/debit card was:

- Lost (Date _____)
- Stolen (Date _____)
- Otherwise compromised (the card is still in my possession)
- Card was never received

1. Date: _____ Amount: _____ Merchant: _____

2. Date: _____ Amount: _____ Merchant: _____

3. Date: _____ Amount: _____ Merchant: _____

4. Date: _____ Amount: _____ Merchant: _____

5. Date: _____ Amount: _____ Merchant: _____

6. Date: _____ Amount: _____ Merchant: _____

7. Date: _____ Amount: _____ Merchant: _____

8. Date: _____ Amount: _____ Merchant: _____

9. Date: _____ Amount: _____ Merchant: _____

10. Date: _____ Amount: _____ Merchant: _____

***You may receive additional forms to be completed or requests for information from Olympia Credit Union.**

****The accounting department will issue you a confirmation letter regarding the status of your dispute within ten business days from the date the completed form was received.**

Cardholder signature

Date