



Card Dispute/Fraud Form

Directions: Please sign below as we are unable to process without signature.

Full Name	
Account Number	
Card Number	
I have authorized others to use my card.	<input type="checkbox"/> Yes <input type="checkbox"/> No

****Disputes must be filed within 60 days of the statement in which the transaction is posted.****

Transaction Date	Merchant Name	Amount

Please select the box below that best describes the reason for submitting this claim.

If this is fraud, please select from the "Fraud Reason" section.

If this is a dispute, please select from the "Dispute Reason" section.

Fraud Reason

I did not engage in this (these) transaction(s).

My card was: In my possession

Lost on (date) _____

Stolen on (date) _____

Dispute Reason

****Before disputing charges, you must make every effort to resolve the dispute with the merchant.****

I was billed twice for a single purchase.

Membership cancellation. Date of cancellation: _____ Cancellation Number:

I did not receive merchandise. What did you expect to receive from merchant:
_____ What was the expected delivery date: _____

I was charged the incorrect amount.

ATM cash not received.

I paid for purchase by other means. I paid by: _____

Please add addition information below.

Signature: _____ Date: _____