



Dear Member,

Please contact the merchant to resolve disputed, unauthorized transactions posted to your account. If you are unable to resolve dispute with the merchant, please complete and return the following documents.

- Dispute of Fraudulent Use of a Debit Card
- MasterCard Statement of Disputed Items - Fraud
- Police Report filed with your local authorities. A copy of the report and/or a case number should be returned to Finex, as this will assist with future research of debit card fraud committed in our area.

This information MUST be submitted to us no later than 60 days following the date of the first fraudulent transaction and can either be faxed to (860) 610-0350 or scanned and emailed to help@finexcu.org and/or lcomstock@finexcu.org

Should you have any questions regarding the forms, or any other concerns, please feel free to contact us at (860) 282-0001 x 113

Sincerely,

Lissette Comstock

Lissette Comstock
Member Services Operations Specialist
Finex Credit Union

Dispute of Fraudulent Use of a Debit Card

MEMBER INFORMATION

I, make this dispute for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my ATM or Debit Card to anyone nor give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction(s) indicated below. I did not receive any benefit from the unauthorized use of my ATM or Debit Card.

Name	Home Phone	Work Phone
Street Address	City	State, Zip
No of Cards Issued	Account Number	Type of loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In my possession when fraud occurred
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction

LIST UNAUTHORIZED CREDIT CARD/ATM/CHECK CARD TRANSACTIONS BELOW

Merchant Name/Address	Date	Amount	Merchant Name/Address	Date	Amount

Name and address of unauthorized User (if known)	Has the loss been reported to the police department <input type="checkbox"/> Yes <input type="checkbox"/> No Authority contacted _____ Address _____ Phone () _____
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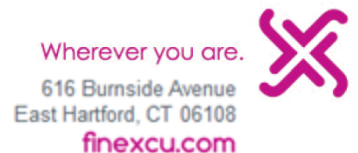
Please provide details (if necessary) on a separate sheet

SIGNATURES

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or persecution of any person(s) who may be responsible for the fraud involving my card and/or account. Further, I understand I may be required to comply with a court order to subpoena to give testimony. I swear this affidavit is true and understand I making a false, sworn statement is subject to federal and/or state statues and may be punishable by fines and/or by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature _____



MasterCard – Cardholder Statement of Disputed Item - Fraud

Cardholder Name: _____ Date: _____

Card Number: _____

Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
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Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____
Tran Date: _____	Tran Amount \$: _____	Merchant: _____

I am disputing the above charges due to the following reason (check only one reason):

- I have not, nor has anyone authorized by me engaged in this transaction.
My card was lost on (date): _____
My card was stolen on (date): _____
- I have not authorized or participated in this transaction in any way. My card has not been out of my possession.
- I have participated in one transaction at the merchant location, but NOT the transaction listed. I, or someone authorized by me was in possession and control of all cards at the time of the transaction.
The authorized transaction amount was \$ _____ on (date): _____

MasterCard Fraud Type: (check the appropriate box (check only one):

- | | |
|--|---|
| <input type="checkbox"/> Card reported Lost | <input type="checkbox"/> Card Reported Stolen |
| <input type="checkbox"/> Card Issued/Fraud App | <input type="checkbox"/> Counterfeit |
| <input type="checkbox"/> Account Takeover Fraud | <input type="checkbox"/> Card Not Present (Mail/Phone/Internet) |
| <input type="checkbox"/> Multiple Draft Imprints | <input type="checkbox"/> Cardholder Bust-Out Transaction |

Cardholder's Signature: _____ Date: _____

Financial Institution
Contact Name: **Lissette Comstock ~ Finex Credit Union** Phone: (860) 282-0001 ext 113

