



Instructions for Fraudulent Transaction Disputes

General Information:

This form is used to dispute transactions on your account that were fraudulently performed and you have no knowledge of. Please note, if your card has not already been closed, you will need to notify the Credit Union immediately to prevent additional fraudulent transactions. This is to prevent additional fraudulent transactions from occurring.

Form Instructions:

1. Complete the following –
 - a. Cardholder Name
 - b. Card Number of Compromised Card
 - c. Date of the fraudulent transaction (please list all transactions separately)
Note: Only transactions occurring within the last 60 days may be disputed
 - d. Amount of the transaction
 - e. Merchant name of the fraudulent transaction
2. Print form
3. Sign form

Where to Send the Completed Form:

You may mail or fax for the form to one of the following locations. Or, you may visit any Credit Union branch location.

Mail to – PO Box 100070

Duluth, Georgia 30096

Attention: Card Services

Fax to: 770.476.6463

Branch locations – www.gucu.org



Fraudulent Transaction Dispute Form

Name: _____

Visa card number: _____

I certify that my Visa card was:

- Lost (0) Stolen (1) Card not received (2) Counterfeit (4) Card is still in my possession (6)

and the following transactions were not made by me or anyone authorized to use my Visa card.

- 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: _____
11. Date: _____ Amount: _____ Merchant: _____
12. Date: _____ Amount: _____ Merchant: _____
13. Date: _____ Amount: _____ Merchant: _____
14. Date: _____ Amount: _____ Merchant: _____
15. Date: _____ Amount: _____ Merchant: _____
16. Date: _____ Amount: _____ Merchant: _____
17. Date: _____ Amount: _____ Merchant: _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.

Cardholder Signature

Date

Institution use only:

As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s).

In addition we certify the following information: Issuer certifies account was closed ___/___/___ Issuer certifies fraud was reported on DPS VROL / / . Issuer certifies account was placed on the Exception File, with a pickup code on / / . Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.