



# ATM/Debit Card Dispute Form

Both pages must be filled out and submitted to Accounting to be processed.

Cardholder Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Member Number - ID (ex: 12345-010): \_\_\_\_\_  ATM Card or  Debit card

Last Six Digits of Your Card Number: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Disputing Amount \$ \_\_\_\_\_ Transaction Type:  Signature or  PIN

Date Member Discovered Loss: \_\_\_\_\_ Date of First Fraudulent Activity \_\_\_\_\_

I did not authorize the use of this card by anyone else.

I have examined all of my transactions, and did not originate nor authorize the transactions listed below. Further, I did not receive any of the proceeds or benefits of any such item(s) in the amounts of:

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

This card is being reported as:  Stolen  Lost  Compromised  Never Received

Has this loss been reported to the police?  Yes  No

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:

4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209

803.227.5555 • smartcaro.org



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## Member's Statement:

Please explain in detail (providing dates, names, and any other supporting documentation) why this claim is being disputed.

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 prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this affidavit is true and understand that making false sworn statements is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

The above was requested by me.  Yes  No

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### This Section MUST Be Notarized:

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary's Signature: \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_  Processed

Claim Number: \_\_\_\_\_ State and Contract Number: \_\_\_\_\_

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