



## Cardholder Disputed Transaction Statement & Affidavit of Fraud

Return completed form to: CoVantage Credit Union, Attn Card Services, PO Box 107, Antigo WI 54409-0107

**In dispute cases except those related to lost/stolen/counterfeit cards, you may be required to try to resolve the dispute with the merchant prior to filing a dispute.**

Contact	Name _____		Date _____		
	Street Address _____		Card Number _____		
	City _____		State _____	Zip _____	
	Email Address _____		Home Phone _____	Work Phone _____	
Transactions	I have examined the charge(s) on my account and question the following transaction(s): <i>(Attach additional sheets if necessary.)</i>				
	Merchant Name _____		Amount _____	Transaction Date _____	
			\$ _____		
			\$ _____		
			\$ _____		
Attempt to Resolve	I have made an attempt to resolve with the merchant <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Date of contact _____ Method: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> In-person <input type="checkbox"/> Other (describe) _____				
	Merchant's response: _____				
	If no attempt to resolve with merchant, explain. (For example, no phone number, etc.) _____				
Dispute Reason	<input type="checkbox"/> I have received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.				
	<input type="checkbox"/> I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized. (Duplicate transactions only.)				
	<input type="checkbox"/> I certify that I participated in the above transaction, but have not received the merchandise. (Describe the product/services, your attempts to resolve the matter with the merchant, and the expected date of delivery in additional comments section.)				
	<input type="checkbox"/> I certify that I participated in the above transaction, but have returned the merchandise/canceled services on _____ (date) per the merchant's instructions and have not received credit. *You cannot select this option if you canceled after the transaction date unless merchant promised credit. (Merchant cancellation policies may apply; please provide full details in additional comments section, including a description of the product/service.)				
	<input type="checkbox"/> I contacted the merchant on _____ (date) and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details in additional comments section.)				
	<input type="checkbox"/> I contacted the merchant on _____ (date) and canceled my reservation. (Please provide full details in additional comments section.) <input type="checkbox"/> My cancellation number is _____ <input type="checkbox"/> I was not given a cancellation number.				
	<input type="checkbox"/> The shipped merchandise I received is defective. (Describe in additional comments section the product/service, the defect or damage, and attempts to return the merchandise and the merchant's response.)				
	<input type="checkbox"/> The merchandise/services were not as described. (If the purchase was made over the phone, indicate what was not as described. Otherwise, provide written documentation as to what was not as described, i.e. color, quantity, etc.)				
<input type="checkbox"/> The ATM did not dispense the correct dollar amount. Amount received \$ _____					
<input type="checkbox"/> I would like a copy of the sales draft. Reason for request: _____					

Dispute Reason	<input type="checkbox"/> I certify that the charge(s) was (were) not made by me or by a person authorized to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. <b>(Your card will be blocked.)</b>  <i>Note: Free Trial transactions <b>are not fraud</b> if you, the cardholder, gave the merchant your card information and accepted the original shipping charge; you must dispute these charges as "not as described" or "not received."</i>
	<input type="checkbox"/> Other. Describe below. Descriptions of transactions should be typed or clearly written. (Attach additional sheets if necessary.)
Additional Information	If you have done business with the merchant(s) listed, in the past, and think that this may be a billing error, provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.
	If you have any knowledge of the identity of the person who used your account number or card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).
Additional Comments	
Affidavit of Fraud	<ol style="list-style-type: none"> <li>To the best of my knowledge, my Card was: <b>(check one of the following)</b>  <input type="checkbox"/> Lost    <input type="checkbox"/> Stolen    <input type="checkbox"/> Never Received    <input type="checkbox"/> In my possession at all times when the fraudulent transaction occurred. </li> <li>I learned of the fraud on approximately _____. I reported my Card lost/stolen on _____</li> <li>I <input type="checkbox"/> do <input type="checkbox"/> don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card. <i>(If you have such knowledge, provide this information in the section provided.)</i></li> <li>I give consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state, or local 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.</li> </ol> <p><b>Cardholder Authorization and Acknowledgement</b>  The claimant affirms that s/he has fully disclosed their knowledge of the facts and circumstances surrounding the above transaction(s) and that the information provided on this affidavit and questionnaire is true and correct to the best of their knowledge; that the claimant did not benefit from the proceeds of unauthorized transactions; and understands that the filing of a false claim against CoVantage Credit Union, a federally insured financial institution is in violation of state and federal criminal laws and could result in criminal prosecution.</p> <p>Primary Cardholder Signature: _____ Date: _____</p>