



# DISPUTE/FRAUD COVER SHEET

To: Dispute Resolution Center

Rancho Cucamonga, CA.

Number of pages (including Cover Sheet):

[1] Credit Union Name: \_\_\_\_\_

Credit Union Contact Name: \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Card Number:      -      -

Exp. Date: (MM/YY) \_\_\_\_\_ Card Type  Debit  Credit

Member Name: \_\_\_\_\_

[2] DISPUTED ITEMS(s) Total Number of Disputed Charges

Single Dispute Amount:  
Please complete fields below

Multiple Dispute Amounts  
Please provide details on next page

<u>Auth Date</u>	<u>Settle Date</u>	<u>Merchant Name</u>	<u>Dollar Amount</u>
_____	_____	_____	\$ _____

### [3] ACTION REQUESTED (Check One):

- Cardholder Dispute – Process chargebacks as allowed under MasterCard Rules
- Credit Union Dispute – Process chargebacks as allowed under MasterCard Rules
- Request Sales Draft only
- Rebuttal Documentation

### [4] UNAUTHORIZED USE OF CARD

If transaction(s) is unauthorized, please indicate status of card (check one):

Card Lost  Stolen  Card still in Accountholder's possession.

If cardholder still in possession of card is counterfeit card use suspected?  Yes  No

For Fraudulent Transaction(s), has card been blocked?

Yes, Date Blocked \_\_\_\_\_ Region Blocked:  U.S.  International  
 No

**NOTE:** If blocked for an International Region, please provide screen print of entry into E.F.U. with claim.

### [5] Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

# Notification of Fraudulent Transaction

Cardholder Name: \_\_\_\_\_

Card Number:     -     -     -

## 1. Dispute Reason/Elaboration

At the time of the transaction(s), please indicate status of card (*Please check one*):

- Card Lost                      Date card was Lost     \_\_\_/\_\_\_/\_\_\_
- Card Stolen                      Date card was Stolen    \_\_\_/\_\_\_/\_\_\_
- Card still in Accountholder's possession.
- New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected?     Yes     No

**Issuer certifies Cardholder denies authorizing or participating in the disputed transaction. No one authorized to use this account signed for or participated in the transaction(s).**

## 2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1. ___/___/___	_____	_____
2. ___/___/___	_____	_____
3. ___/___/___	_____	_____
4. ___/___/___	_____	_____
5. ___/___/___	_____	_____
6. ___/___/___	_____	_____
7. ___/___/___	_____	_____
8. ___/___/___	_____	_____
9. ___/___/___	_____	_____
10. ___/___/___	_____	_____

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

# Multiple Dispute Listing

Cardholder Name: \_\_\_\_\_

Card Number:     -     -     -

## 2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
11. ____/____/____	_____	_____
12. ____/____/____	_____	_____
13. ____/____/____	_____	_____
14. ____/____/____	_____	_____
15. ____/____/____	_____	_____
16. ____/____/____	_____	_____
17. ____/____/____	_____	_____
18. ____/____/____	_____	_____
19. ____/____/____	_____	_____
20. ____/____/____	_____	_____
21. ____/____/____	_____	_____
22. ____/____/____	_____	_____
23. ____/____/____	_____	_____
24. ____/____/____	_____	_____
25. ____/____/____	_____	_____

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date