

NE PA COMMUNITY FEDERAL CREDIT UNION

FRAUDULENT TRANSACTION(S) - VISA

If a transaction(s) appears on your statement that you believe is fraudulent, please complete, sign and return this form using blue or black ink. This form must be received at the credit union address stated at the bottom of this form within 60 days of the closing date as printed on your statement.

Cardholder Information – Please Print

Name: _____ Email Address: _____

Complete address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Check if the above address/email/phone number is new and you authorize this change: _____

Member's Signature

Complete Account Number (16 digits): ____ - ____ - ____ - ____ EMV: Yes or No

At the time of these transactions, my VISA card was (check one): ___Lost; ___Stolen; ___In my possession

Table with 3 columns: Merchant Name, Amount, Transaction Date. Includes five rows for data entry with dollar signs in the Amount column.

UNAUTHORIZED TRANSACTIONS:

I certify that the charge listed above was not made by me or a person authorized by me to use my card. In addition, neither I, nor anyone authorized by me received the goods or services represented by this charge. By indicating that you did not authorize a transaction, your Visa card will be blocked in order to proceed with your dispute. If you are aware of any person fraudulently using your card, please complete a police report and press charges as appropriate.

PROVISIONAL CREDIT:

_____ (Member's initials): If the dispute is found to be in the merchant's favor, I understand that the credit union will withdraw the provisional credit from my account. Also, if I fail to provide the necessary documentation, the provisional credit may be reversed.

Member's Signature

Date

Return this completed dispute form and all pertinent documents to:

NE PA COMMUNITY FEDERAL CREDIT UNION
337 CLAY AVENUE, STROUDSBURG, PA 18360
FAX (570) 421-5288

Credit Union Use Only:

Credit Union Account Number: _____ Credit Union Team Member initials: _____

Date Form Submitted to Credit Union: _____

Amount of other fees to be refunded: _____

Dates of other fees to be refunded: _____