



Affidavit of Fraud / Notice of Transaction Dispute

Please complete all three pages of this form to assist our investigation of your dispute. If you provide oral notice of your dispute we will begin our investigation but **will not process your request until this form is completed, signed, and returned to the Credit Union.**

Member Information

Name:	Date:
Card #: _____ - _____ - _____ - _____	Daytime Phone Number:

Card Information

Debit Card Credit Card

Description of Disputed Transaction

Total amount of suspected error: \$ _____ Date of suspected error ____/____/____

(Attach list for multiple transactions)

Name of merchant/location of ATM: _____.

I am disputing the transaction(s) on my account for the following reason:

My card was _____ and used without my consent. I did not give, sell, or trade my card to anyone, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my card. I have contacted CAHP Credit Union and requested they deactivate my card.

(Questions 1 - 5 on the reverse side of this form must be answered if card was lost/stolen.)

I participated in a transaction with the merchant on ____/____/____ (date) for \$ _____. I did not authorize this merchant to process any additional transactions. I am providing CAHP Credit Union with a copy of my sales slip.

The merchandise or service I ordered has not been received. The expected date of delivery was ____/____/____ (date). I contacted the merchant on ____/____/____ (date) and have included their response in the Narrative Statement section.

On ____/____/____ (date) I Cancelled / Returned the merchandise I ordered for the reason(s) stated in the Narrative Statement section. I contacted the merchant and have not received a credit to my account. I am providing C.A.H.P. Credit Union with a copy of my proof of refund/order cancellation.

On ____/____/____ (date) I was issued a refund for \$ _____. This credit is not stated on my account statement. I am providing C.A.H.P. Credit Union with a copy of my receipt.

On ____/____/____ (date) I received damaged and/or defective merchandise. I returned the merchandise on ____/____/____ (date) and have not received a credit to my account for my return. I have contacted the merchant and included their response in the Narrative Statement section. I am providing CAHP Credit Union with a copy of my proof of return.

On ____/____/____ (date) I requested cash from an ATM in the amount of \$ _____ but only received \$ _____
OR I deposited \$ _____ at an ATM, but was only credited for \$ _____.
I am providing CAHP Credit Union with a copy of my receipt.

I have either enclosed a letter describing the dispute or used the Narrative Statement section on the back of this form.

Lost / Stolen Cards

CAHP Credit Union may request specific documentation to investigate your claim and recommends that you report the crime to the police or sheriff's department that has jurisdiction in your case.

Please answer the following questions to assist us investigating your dispute.

1. You discovered your card was lost stolen on ___/___/___ (date).
2. Describe the location/address where your card was lost or stolen in the Narrative Statement below.
3. Describe how your Personal Identification Number was obtained, if applicable, in the Narrative Statement below.
4. Have you filed a police report? Yes No. Police Report Number _____.
5. Please use the narrative section to explain the loss or theft of your card.

Narrative Statement

I hereby certify under penalty of perjury that the foregoing is a true and complete account of the circumstances.

I authorize CAHP Credit Union to provide the information on this form to the applicable merchant(s) for the purpose of researching my disputed transaction(s), and to law enforcement should the Credit Union choose to file a police report.

I understand that I am responsible for *transaction disputes* with merchants and that the CAHP Credit Union will assist me with resolving my dispute as a courtesy, for which the Credit Union has no financial responsibility.

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.

Signed _____

Date _____

Return to: CAHP Credit Union, PO Box 276507, Sacramento, CA 95827 Ph. 800-542-2247 Fax 916-362-1399

Credit Union Use Only

Sent to member by:

Date sent:

