

Claim Number
Credit Union
Contract Number

## Cardholder Dispute Form

### Fraudulent Use of a Credit Card, Debit Card, or ATM Card

#### Cardholder Information

Cardholder Name		Home Phone (    )	Work Phone (    )
Mailing Address	Street	City	State      Zip
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).
- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) 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 Credit/Debit/ATM card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized on the back of this page or on an attached page): \$ \_\_\_\_\_

Name and Address of Unauthorized User (if known)

**Please provide details (if necessary) on a separate sheet.**

#### Signatures

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 Cardholder Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

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

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

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

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

\_\_\_\_\_  
Co-Applicant/Authorized Signer      Date

Unauthorized Transactions		
Date of Transaction	\$ Amount of Transaction	Merchant Name
	Total \$ of Unauthorized Transactions:	
	\$ _____	

## ATM/DEBIT Card Disputes

Member Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
Card Number: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
***(Form must be completed in full or there may be a delay in processing.)***

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If a transaction appears on your statement that you believe is an error, and you have been unable to resolve the situation with the merchant, please complete and sign a copy of this form **using blue or black ink**. For ATM/Debit card transactions, the Credit Union must receive this form within 60 days of the closing date as printed on your statement. For MasterCard credit card transactions, we must receive the form no later than 60 days after we sent you the first bill on which the error or problem appeared. Please include a copy of your statement highlighting the disputed transactions and send to: Kimberly Clark Credit Union, 1520 N Second St., Memphis, TN 38107 or fax to 901-521-4644.

Transaction Amount \_\_\_\_\_ Transaction Date \_\_\_\_\_  
Post Date \_\_\_\_\_  
Disputed Amount \_\_\_\_\_ Transaction Date \_\_\_\_\_  
Post Date \_\_\_\_\_  
Merchant Name \_\_\_\_\_

I contacted the Merchant on \_\_\_\_\_ in an attempt to resolve this dispute.

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- I certify that the charge(s) listed above were 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.
- I certify that I did not participate in nor authorize the above referenced mail order or telephone order transaction(s). I understand that no signed or imprinted sales slip copy is available for verification purposes.
- Although I did participate in a transaction with the merchant, I was billed for \_\_\_\_\_ transaction(s) totaling \$ \_\_\_\_\_ that I did not participate in, nor did I authorize anyone else to use my card. I do have all my cards in my possession. Enclosed is a copy of my sales slip for the valid charge.
- I have not received the merchandise. Expected date of delivery was \_\_\_\_\_. I contacted the merchant on \_\_\_\_\_ and the merchant's response was \_\_\_\_\_.
- I have returned merchandise on \_\_\_\_\_ because \_\_\_\_\_.
- The attached credit slip was listed as a charge on my statement.
- I was issued a credit slip for \$ \_\_\_\_\_ on \_\_\_\_\_ which did not appear on my statement.

- Merchandise, which was shipped to me, arrived damaged and/or defective on \_\_\_\_\_ and I returned it on \_\_\_\_\_. Merchant’s response was \_\_\_\_\_  
\_\_\_\_\_.
- I have not received the expected services. (Explain in full below.)
- I have been billed more than once for the same transaction. I authorized only one charge with the merchant for \$\_\_\_\_\_.
- I have been billed an incorrect amount. My credit card receipt shows \$\_\_\_\_\_. However, I was billed \$\_\_\_\_\_.
- I notified the merchant on \_\_\_\_\_ to cancel the pre-authorized order (reservation). My cancellation number is \_\_\_\_\_. I was/was not (circle one) informed of the cancellation policy when I made the reservation. The reason I cancelled was \_\_\_\_\_  
\_\_\_\_\_.
- I cancelled the subscription/membership/policy (circle one) which was charged to my account by this merchant on \_\_\_\_\_. I cancelled the charge prior to the transaction date and my cancellation number is \_\_\_\_\_.
- The transaction was paid by other means. (Please provide a copy of the cash receipt, or the front and back of your cancelled check or a copy of you statement if another credit card was used.)

**Below describe in detail the attempts you have made to contact the merchant and what the outcome has been. Include any sales receipts or any other supporting documentation; use a separate sheet for explanation if necessary. To expedite the process of you dispute fax it to 901-521-4644.**

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***Signature & Date***