

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



# Kimberly Clark Credit Union

1520 N. Second St.  
Memphis, TN 38107  
(901)521-4646 (800)462-7777  
Fax: (901)521-4644

## MasterCard Cardholder Disputed Item Statement

Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_  
Card Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Loss: \_\_\_\_lost \_\_\_\_stolen \_\_\_\_ card was in my possession at the time the transaction(s) occurred.

I have examined the charges on my credit card and question the following transaction(s) (attach additional sheets if necessary):

Merchant Name	Amount	Transaction Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following explains my dispute:

\_\_\_\_\_ I 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ I certify that I participated in the above transaction, but have not received the merchandise. (Describe your attempts to resolve the matter with the merchant as well as the expected date of delivery on the additional space provided).

\_\_\_\_\_ I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on \_\_\_\_\_ (date) per the merchant's instructions and have not received credit. (Merchant cancellation policies may apply; please provide full details on the additional space provided).

\_\_\_\_\_ I contacted the merchant on \_\_\_\_\_ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided).

\_\_\_\_\_ I contacted the merchant on \_\_\_\_\_ and canceled my reservation. (Please provide full details on the additional space provided).

\_\_\_\_\_ My cancellation number is \_\_\_\_\_

\_\_\_\_\_ I was not given a cancellation number.



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CREDIT UNIONS™

Where people are worth more than money.™

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\_\_\_\_\_ The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant's response).

\_\_\_\_\_ The merchandise/services were not as described. (If purchase was made over the phone please indicate what was not as described. Otherwise, please provide written documentation as to what was not as described. ie: color, quantity, etc)

\_\_\_\_\_ I would like a copy of the sales draft. (Reason for request)

\_\_\_\_\_

\_\_\_\_\_ I certify that the charge(s) was (were) not made by me or by a person authorized by me 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. **(Your card will be blocked)**

\_\_\_\_\_ Other. Describe below. Descriptions of transactions should be typed or written clearly. Attach additional sheets if necessary.

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In dispute cases except those related to lost/stolen/counterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:**

**Attempt to Resolve Information:**

- I have made an attempt to resolve with the merchant. (circle one)      YES                      NO
- Date of contact: \_\_\_\_\_
- Contact method:      Telephone      E-mail      In-person      Other (describe) \_\_\_\_\_
- Merchant's response: \_\_\_\_\_
- If no attempt, why not? \_\_\_\_\_

