

**SECTION I – CARDHOLDER INFORMATION**

Cardholder Name \_\_\_\_\_ Date \_\_\_\_\_

Member Number (last 4 digits only) \_\_\_\_\_ Last 4 digits of Debit Card \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION II – DESCRIPTION OF DISPUTE**

Please select the ONE option that BEST describes your dispute:

- The amount of the transaction differs from the amount I authorized. I authorized \$ \_\_\_\_\_ (Please provide a copy of your receipt.)
- I paid by other means (cash, check or other card) for this transaction. (Provide a copy of the proof of alternate payment).
- I did authorize the transaction but cancelled the agreement with the merchant on \_\_\_\_\_ (date). (Provide a copy of your contract and/or proof of cancellation, i.e., cancellation number, cancellation letter).
- I did authorize the transaction but have not received the merchandise or service and 30 days have passed from the expected date of delivery. (You must contact the merchant and inform the merchant no merchandise or service was received.)
- I did authorize the transaction but returned or made an attempt to return the merchandise or service for a credit. (Please explain in Section IV the details of the merchant’s response and the details of the dispute. Explain in specific detail, what was ordered and what was received and why you returned the merchandise. You must also provide a proof of return and any documentation you have to support your claim).
- I was charged multiple times for the same transaction. I was first charged on \_\_\_\_\_ (date).
- I did not authorize the transaction(s). I certify the transaction(s) were not made by me or any 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.  
 Name, address & phone number of unauthorized user, if known: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I did not authorize the transaction(s). I was notified by a FraudWatch Analyst on \_\_\_\_\_ (date) about the unauthorized transaction(s) to my account. I further certify that the charge(s) were not made by me or any 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.

**SECTION III – DISPUTED TRANSACTIONS**

List the transaction(s) that have posted to your account that you are disputing. Use an additional sheet if necessary. Do not include NSF, Courtesy Pay Fees, or Visa International Service Assessment (ISA) Fees.

Date of Transaction	Amount of Transaction	Name & Location of Merchant
Total Disputed Transactions:		

**SECTION IV – MERCHANT SUMMARY**

Provide a detailed summary of the conversation with the merchant regarding your dispute. Describe the steps you have taken to resolve the dispute. Provide the date you contacted the merchant, the name of the person you spoke to, and the details of the response. Use an additional sheet if necessary. Provide any supporting documents that will support your claim. **IMPORTANT:** Incomplete information in this section may delay processing your claim.


**SECTION V – CARDHOLDER AFFIDAVIT**

The \$15 processing fee will be charged to your account if the investigation reveals the disputed transactions were authorized.

My signature below certifies that the information provided is true and accurate and I give my consent to the credit union to release any information regarding my card and/or 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 account. I understand that this document is binding and may be used for prosecution. Requests for video tapes of the transaction(s) will be made, if applicable, and the credit union will communicate with any merchant, financial institution, and/or law enforcement agency necessary in order to identify the perpetrator. I understand my continued cooperation is required to fulfill any investigative requirements and I will cooperate with any requests made of me during the investigative process.

I further understand that willful violations of the Federal Electronic Funds Transfer Act - Regulation E, carry criminal penalties and the fraudulent use of EFT services carries a \$10,000 fine and a 10 year jail term.

\_\_\_\_\_   
Cardholder's Printed Name

\_\_\_\_\_   
Date

\_\_\_\_\_   
Cardholder's Signature

Return completed packet to Fortera Credit Union. Choose the method most convenient for you: Fax: 931.431.2028, email: [CardServices@ForteraCU.com](mailto:CardServices@ForteraCU.com), or by mail: Fortera Credit Union, Attn: Card Services, 2050 Lowe's Drive, Clarksville, TN 37040