

Penn State Federal Credit Union Fraudulent Transaction Dispute Form

Name: _____

Visa Card Number: _____

I certify that my Visa Card was:

- Lost (0)
 Stolen (1)
 Card not received (2)
 Counterfeit, card present (4)
 Card still in my possession (6)

and the following transactions were not made by me or anyone authorized to use my Visa card.

Institution Use Only

Order Draft

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my Credit Union to add those subsequent transactions to this affirmation.

I certify that I did not use and that I did not authorize anyone else to use my card for the Disputed Transactions identified above. I also certify that I did not receive any value or benefit in connection with the Disputed Transactions. I have made available above all information and suspicions I have about the Disputed Transactions, including any information regarding the identity of the person who wrongfully used my card for the Disputed Transactions. I authorize you to share the above information with law enforcement, banking regulators and other third parties in connection with any investigation of the Disputed Transactions, including any criminal investigation. I agree to cooperate in any such investigation and in the prosecution of any person believed to be responsible for fraudulently using my card.

I certify that the information in the Fraudulent Transaction Dispute is true and correct.

Cardholder Signature

Date

Institution use only: Check transactions for which a draft should be ordered because of cardholder escalation.

Required certification:

We certify that our cardholder neither participated in nor authorized the referenced transaction(s).

Issuer certifies account was closed ___/___/___ Issuer certifies fraud was reported on DPS VROL ___/___/___

Issuer certifies account was placed on the Exception File, with a pickup code on ___/___/___

If applicable Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

Additional Fraud

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____