



Dear Cardholder:

Attached are the required forms for completing an investigation as to the unauthorized use of your plastic card. Please complete all applicable sections as fully as possible. **Please note that the affidavit does require notarization and a police report is highly recommended.**

Upon receipt of the completed forms, the credit union will proceed with an investigation of the reported fraud on your account. You may be called upon to assist us with the prosecution of the perpetrators.

Please return the completed forms in the envelope provided within ten (10) days of receipt of this letter. Failure to do so may result in you being responsible for these purchases.

If you have any questions regarding this letter or any of the procedures outlined above, please feel free to contact us at (717) 232-3526 or (800) 642-4482. We wish to take this opportunity to thank you in advance for your cooperation in this matter.

Sincerely,

**Risk Management**  
Belco Community Credit Union

#### Police Report Information

**Name of Police Department:** \_\_\_\_\_

**Officer's**

Name: \_\_\_\_\_

**Officer's Phone**

Number: \_\_\_\_\_

Case Number/ Incident Number: \_\_\_\_\_

# FRAUDULENT TRANSACTION DISPUTE FORM

PAGE  OF

Name:

Visa card number:   
(that the transaction occurred on)

## INSTRUCTIONS

Please note: this form is only to be used to dispute transactions that you believe to be fraudulent. A fraudulent transaction is one in which you did not authorize, participate in, or benefit from. If you are disputing transactions that you do not consider to be fraudulent, please use the Cardholder Non-Fraud Transaction Dispute Form. Include a separate sheet or letter if more room is needed for your explanation. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed below.

1. To submit a dispute using this form, please make sure that you complete all information. Any missing information will cause a delay in the processing of your dispute.
2. The form can be completed by filling it out online or by hand and then printing it.

- ☐ I certify that I did not use and that I did not authorize anyone else to use my card for the Disputed Transactions identified below. I also certify that I did not receive any value or benefit in connection with the Disputed Transactions. I have made available below 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 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 this Fraudulent Transaction Dispute Form is true and correct.

Cardholder signature \_\_\_\_\_

Date \_\_\_\_\_

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)

\* Institution  
card.  
use only:  
Order Draft

The following transactions were not made by me or anyone authorized to use my Visa

<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>
<input type="checkbox"/>	Date: <input type="text"/>	Amount: <input type="text"/>	Merchant: <input type="text"/>

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

CARD  PAGE  OF

The following transactions were not made by me or anyone authorized to use my Visa

[illegible]

Provide Additional Information: Please use an additional sheet of paper, if necessary.



Required certification:

Issuer certifies account was closed on:  (mm/dd/yyyy)

Issuer certifies fraud was reported on DPS VROL on: (mm/dd/yyyy)

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

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