



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: _____

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Date: _____ Amount: _____ Merchant: _____

Date: _____ Amount: _____ Merchant: _____