



# ATM/Debit Card Dispute Form

Both pages must be filled out and submitted to Accounting to be processed

Cardholder Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Member Number - ID (ex: 12345-010): \_\_\_\_\_  ATM Card or  Debit card

Address \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Disputing Amount \$ \_\_\_\_\_

Transaction Type:  Signature or  PIN

Date Member Discovered Loss: \_\_\_\_\_

Date of First Fraudulent Activity \_\_\_\_\_

I did not authorize the use of this card by anyone else.

I have examined all of my transactions, and did not originate nor authorize the transactions listed below. Further, I did not receive any of the proceeds or benefits of any such item(s) in the amounts of:

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_ Merchant: \_\_\_\_\_ Amount \$ \_\_\_\_\_

This card is being reported as:  Stolen  Lost  Compromised  Never Received

Has this loss been reported to the police?  Yes  No

**Mail or deliver to:**

4480 Rosewood Drive, Columbia, SC 29209  
710 Pulaski Street, Columbia, SC 29201  
University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303



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Member's Statement:  
Please explain in detail (providing dates, names, and any other supporting documentation) why this claim is being disputed.

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 affidavit is true and understand that making false sworn statements is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

The above was requested by me.  Yes  No

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Section MUST Be Notarized:**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary's Signature: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_  Processed

Claim Number: \_\_\_\_\_ State and Contract Number \_\_\_\_\_

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