

## ATM, Debit Card and MasterCard Fraud Dispute

- This dispute form is only for transactions that were performed by ATM Card, Debit Card or MasterCard. Do not use this form to dispute any other transaction.
- Upon receipt of this form we will take the necessary action to research and resolve this dispute.
- Please complete this form using blue or black ink only.

**Member Information\***

**\*Required**

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

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

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

Address: \_\_\_\_\_

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

Card Lost     Card Stolen     Card Information Stolen

**Write a summary of how your card or card information was lost, stolen or compromised below:\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Transaction Information\***

I neither authorized nor participated in the following transactions:

<u>Date of Transaction</u>	<u>Merchant Name</u>	<u>\$ Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Dollar Amount of all items = \$ \_\_\_\_\_

Was the fraud dispute for PIN based transactions (ATM, POS)?  Yes  No

If yes, please complete the following:

1. How was the PIN number compromised/obtained? (Use additional paper if needed.)

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2. Was the card in the member's possession at the time the transaction(s) was/were made?  Yes  No

3. If the card was NOT in the member's possession, when did the member notice that it was missing?

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4. Does the member know who may have made these transactions? If so, please provide the name of the person believed to be responsible. AMHFCU reserves the right to pursue legal action against the named individual if it is proven to be the named individual that completed the transaction(s).

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5. If AMHFCU is able to get pictures from the transaction(s), is the member willing to sign an Affidavit of Fact stating that they do not know the individual pictured/that the individual pictured is the named individual in Question 4?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form and other documents to the nearest branch or American Heritage Credit Union, Attn: EFS Dept., 2060 Red Lion Road, Philadelphia, PA 19115.