

La Loma Federal Credit Union Fraud/Dispute Investigation Form
(Only One Transaction per line)

Member Name: _____ Member Phone: _____

Debit Card #: _____ Date: _____

Mailing Address: _____

Prior to disputing charge(s), you must make every effort to resolve the dispute with the merchant.

1. Merchant: _____ Amount \$: _____ Date: _____
(Additional transactions listed on page 4 if needed)

Select Type of Dispute (check ONLY one)

___ **I Authorized one (1) transaction with the merchant-** The additional charge(s) were not authorized. Please attach all related documentation. (emails, invoices, signed proof of return, credit slip or postal receipt, etc.)

- Authorized Transaction \$ _____ Post date (mm/dd/yy) _____
- Contacted merchant (mm/dd/yy) _____
- Merchants response: _____

___ **Free Trial Offer-** You must contact the merchant prior to disputing the charge, and you must provide proof of cancellation within the free trial period. Please attach all related documentation. (emails, invoices, signed proof of return, credit slip or postal receipt, etc.)

- Item(s) ordered: _____
- Method of enrollment (mail, phone, internet): _____
- Free trial enrollment date (mm/dd/yy): _____
- Free trial was good through (mm/dd/yy): _____
- Cancellation date (mm/dd/yy): _____ Cancellation #: _____
- Merchant's response: _____

___ **Merchandise was returned-** You must attempt to return the merchandise prior to exercising this right. Please attach all related documentation. (emails, invoices, signed proof of return, credit slip or postal receipt, etc.)

- Item(s) ordered: _____
- Reason for return: _____
- Merchandise was received (mm/dd/yy): _____
- Merchandise was returned (mm/dd/yy): _____
- Merchant's response: _____

___ **Merchandise not received-** You must attempt to contact the merchant prior to exercising this right. Please attach all related documentation. (emails, invoices, signed proof of return, credit slip or postal receipt, etc.)

- Item(s) ordered: _____

- Expected delivery date (mm/dd/yy) : _____
- Contacted merchant (mm/dd/yy): _____
- Merchant's response: _____

____ **Merchandise/ services are not as described/defective**- You must attempt to contact the merchant prior to exercising this right. Please attach all related documentation. (emails, invoices, signed proof of return, credit slip or postal receipt, etc.)

- Item(s) ordered: _____
- What was expected and how did it differ from those expectations? _____

- Description of damage: _____
- Contacted merchant (mm/dd/yy): _____
- Merchant's response: _____

____ **Fraud (Do not recognize)**- I have not authorized or participated in this transaction(s).

- My Card was: ___ Stolen ___ Lost ___ Never Received ___ Still in my possession
- If Card still in your possession:
 - Has your card always remained in your possession? _____
 - Have you given permission to anyone other than yourself to use your card? _____

- If Card was Lost/Stolen:
 - When did you last use your card? _____
 - When did you notice your card was missing? _____
 - When did you first notify the Credit Union? _____
 - How did you first notify the Credit Union (phone/mail, walkin)? _____
- Have you ever done business with this merchant before? ___ Yes ___ No
- I ___ do ___ do not have knowledge of the identity of the person(s) illegally using my name, account number or Card. (If you have such knowledge, please provide this information in the **additional details** section provided on page 5).

I declare under penalty of perjury that information provided is true and correct. I also declare that I have read all the above information and agree that it is factual and accurately described the transaction/event that is subject to this claim.

If this is a matter of fraud, I further certify that:

- I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any **federal, state or local 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 have not arranged with the person(s) who misused the card to be reimbursed for proceeds.
- I am completing this form for the purpose of establishing fraudulent use of my card.

- I did not give, sell, or trade my card to anyone nor did I give anyone permission to use my card.
- I did not receive proceeds or any benefit from the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize them in any way.

If this is a matter of dispute, I further certify that:

- I have attempted to reach out to the merchant to settle the claim directly.
- I have provided La Loma FCU with all needed documentation that has been requested.

Member's Signature (required) _____ **Date** _____

Multiple Dispute Listing:

2. Merchant: _____ Amount \$ _____ Date _____
3. Merchant: _____ Amount \$ _____ Date _____
4. Merchant: _____ Amount \$ _____ Date _____
5. Merchant: _____ Amount \$ _____ Date _____
6. Merchant: _____ Amount \$ _____ Date _____
7. Merchant: _____ Amount \$ _____ Date _____
8. Merchant: _____ Amount \$ _____ Date _____
9. Merchant: _____ Amount \$ _____ Date _____
10. Merchant: _____ Amount \$ _____ Date _____
11. Merchant: _____ Amount \$ _____ Date _____
12. Merchant: _____ Amount \$ _____ Date _____
13. Merchant: _____ Amount \$ _____ Date _____
14. Merchant: _____ Amount \$ _____ Date _____
15. Merchant: _____ Amount \$ _____ Date _____
16. Merchant: _____ Amount \$ _____ Date _____
17. Merchant: _____ Amount \$ _____ Date _____
18. Merchant: _____ Amount \$ _____ Date _____
19. Merchant: _____ Amount \$ _____ Date _____
20. Merchant: _____ Amount \$ _____ Date _____
21. Merchant: _____ Amount \$ _____ Date _____
22. Merchant: _____ Amount \$ _____ Date _____
23. Merchant: _____ Amount \$ _____ Date _____
24. Merchant: _____ Amount \$ _____ Date _____
25. Merchant: _____ Amount \$ _____ Date _____

Member's Signature (required) _____ **Date** _____

