

**Cardholder Statement of Disputed Item – Fraud**

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

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

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

Re: Card Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Transaction Date: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Transaction Date: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

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Transaction Date: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Transaction Date: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

I am disputing the above charge due to the following reason (**check only one reason**):

\_\_\_\_\_ I have not, nor has anyone authorized by me engaged in this transaction

My card was lost on (date): \_\_\_\_\_

My card was stolen on (date): \_\_\_\_\_

\_\_\_\_\_ I have not authorized or participated in this transaction in any way. My card has not been out of my possession.

\_\_\_\_\_ I have participated in one transaction at the merchant location, but NOT the transaction listed. I, or someone authorized by me was in possession and control of all cards at the time of the transaction. The authorized transaction amount was \$ \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_ I am disputing the listed ATM withdrawal. I have explained the details below.

**Please provide specific details below**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

Please fax this form along with any other documentation required to the Chargeback Dispute Center.

Fax to: **(954) 267-8129.**

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Bank use only:

Bank Contact: Name \_\_\_\_\_ Date Received: \_\_\_\_\_