



# Catholic United Financial CREDIT UNION

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[www.catholicunitedCU.org](http://www.catholicunitedCU.org)

## DEBIT CARD TRANSACTION FRAUD & DISPUTE FORM

Use this form to dispute transactions that you believe are fraudulent. A fraudulent transaction is one you did not authorize, participate in, or benefit from.

EFFECTIVE DATE: \_\_\_\_\_ MEMBER NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

DEBIT CARD NUMBER: \_\_\_\_\_

Card Lost -OR-  Card Stolen      DATE CARD LOST/STOLEN: \_\_\_\_\_

DATE REPORTED TO CREDIT UNION: \_\_\_\_\_

Card was in my possession -OR-  Card was not in my possession -OR-  Never Received Card

### The following transactions were not made by me or anyone authorized to use my card:

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

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DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ MERCHANT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

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 below 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 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 this form is true and accurate.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_