



(888) 354-6228
www.orangecountyscu.org

MasterCard® Credit Card Dispute / Fraud Form

Account Information			
Name			
Card Number (16 Digits)		I requested the card <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State Zip
Daytime & Evening Phone Number	Date Cardholder Discovered Loss	Date Reported Loss to Credit Union	Date of First Fraudulent Transaction (if there is an unauthorized transaction)

Please circle applicable item(s) that best describes the details of your **non-fraud** dispute (place posting date, merchant name and dollar amount in section on next page):

NON-FRAUD TRANSACTIONS DISPUTE REASONS <i>(member engaged in the transaction)</i>	NECESSARY INFORMATION	REQUIRED DOCUMENTATION
Paid by other Means.	<ul style="list-style-type: none"> Contacted merchant to request credit. Outcome? 	<ul style="list-style-type: none"> Copy of proof of payment by other means
Amount charged differs from amount on sales receipt.		<ul style="list-style-type: none"> Provide copy of your sales receipt
Transaction authorized but then cancelled.	<ul style="list-style-type: none"> When cancelled? Anticipated credit date? 	<ul style="list-style-type: none"> Copy of cancellation policy, if available.
Placed order with merchant and not received by expected date.	<ul style="list-style-type: none"> Contacted merchant to determine status of order? Outcome? 	<ul style="list-style-type: none"> Any supporting documentation
Cancelled a reservation.	<ul style="list-style-type: none"> Cancellation number given by merchant. 	<ul style="list-style-type: none"> Provide cancellation #
Cancelled a RECURRING charge.	<ul style="list-style-type: none"> Cancellation Date 	<ul style="list-style-type: none"> Cancellation policy
Merchandise/Services differ from what was requested / authorized.	<ul style="list-style-type: none"> Contacted merchant to discuss? When? Outcome? 	<ul style="list-style-type: none"> Provide proof of difference.
Billed multiple times (2 or more) for the same purchase on the same day.		

Please return this dispute/fraud claim form to: **Cards Risk Management Team**
 Fax: (515) 457-2074; Email: risk@themembersgroup.com or drop off this form at an Orange County's Credit Union branch

Please keep a copy of this form for your records

Please provide information regarding **FRAUD/Unauthorized** transaction(s). Be specific and list posting date, merchant name and dollar amount in table below:

FRAUD TRANSACTIONS	CARD STATUS	REQUIRED INFORMATION
Transaction is unauthorized, fraud. No one authorized to use this card/account signed for or participated in the transaction.	At time of transaction(s), the card was (select one): <ul style="list-style-type: none">LostStolenIn cardholder's possession	<ul style="list-style-type: none">Date lost:Date stolen:



List non-fraud disputes **OR Fraud** transactions in table below:

Posting Date	Merchant Name	Dollar Amount
		\$
		\$
		\$
		\$
		\$
Total		\$

Cardholder Comments: Please give detailed information to assist with case
(Who, What, When, Where, Why, How, and any other information that may assist.)

Choose one:

- ☐ I engaged in the transaction(s) but wish to dispute it. Where applicable, I contacted the merchant and attempted to resolve the issue. I am providing copies of appropriate documentation.
- ☐ I certify that the charge(s) above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify under penalty of perjury that the foregoing is true and correct.

Cardholder Signature

Date