



ATM/Debit Card Dispute Form

Both pages must be filled out and submitted to Accounting to be processed.

Cardholder Name(s): _____ Date: _____

Member Number - ID (ex: 12345-010): _____ ATM Card or Debit card

Address: _____

Street: _____

City/State/Zip: _____

Disputing Amount \$ _____ Transaction Type: Signature or PIN

Date Member Discovered Loss: _____ Date of First Fraudulent Activity _____

I did not authorize the use of this card by anyone else.

I have examined all of my transactions, and did not originate nor authorize the transactions listed below. Further, I did not receive any of the proceeds or benefits of any such item(s) in the amounts of:

Date: _____ Merchant: _____ Amount: \$ _____

Date: _____ Merchant: _____ Amount: \$ _____

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Date: _____ Merchant: _____ Amount: \$ _____

Date: _____ Merchant: _____ Amount: \$ _____

This card is being reported as: Stolen Lost Compromised Never Received

Has this loss been reported to the police? Yes No

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:

4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209
University of South Carolina Upstate, Health Education Complex, Room 3000 • Spartanburg, SC 29303
803.227.5555 • www.smartcaro.org



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Member's Statement:

Please explain in detail (providing dates, names, and any other supporting documentation) why this claim is being disputed.

I give my consent to the Credit Union to release any information regarding my card and/or card account to any local, state and/or federal 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 swear this affidavit is true and understand that making false sworn statements is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

The above was requested by me. Yes No

Member's Signature: _____ Date: _____

This Section MUST Be Notarized:

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary's Signature: _____

FOR CREDIT UNION USE ONLY

Staff Initials: _____ Date: _____ Processed

Claim Number: _____ State and Contract Number: _____

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