



ATM/Visa Card Fraud/Dispute Form

Name: _____ Card#: _____ Member#: _____

Daytime Phone #: _____ Did anyone other than the cardholder have access to the card or PIN? _____

INSTRUCTIONS: Please complete all information; missing information may cause a processing delay. Additional information may be required. If additional space is needed, you may include a signed letter.

I certify that my ATM or Visa card:

Is still in my possession	Is not in my possession <div style="display: flex; justify-content: space-around; padding: 5px;"> Lost Stolen Never received </div>
---------------------------	---

I certify that I did not authorize anyone use of my card for the transaction(s) identified below and that I received no value or benefit in connection with them. I have indicated below all information available, including, but not limited to, identity of the person(s) who wrongfully used my card and/or PIN, copies of receipts, and communications with merchant(s). I authorize Sacramento Credit Union to share the information with law enforcement, banking regulators and other third parties in connection with any investigation of this claim, including criminal investigation. I agree to cooperate in any such investigation and in the prosecution of any person(s) believed to be responsible for fraudulently using my card.

I certify that the information provided in this ATM/Visa Card Fraud/Dispute form is true and correct.

Member/Cardholder Signature

Date

DISPUTED TRANSACTIONS

Date	Amount	Merchant

DISPUTE EXPLANATION

Return completed form in person to a Sacramento Credit Union branch, by fax: 916-449-2775, or by mail: Sacramento Credit Union, Attn: ATM/Visa Claim Processing, P.O. Box 2351, Sacramento, CA 95812-2351.

Credit Union Use Only

Date claim received: _____ Accepted by: _____ Card blocked by: _____ Card replaced by: _____