

FRAUDULENT TRANSACTION DISPUTE FORM

Name: _____

VISA Card Number (**Last four digits only**): _____

I certify that my Visa card was:

☐ Lost (0) ☐ Stolen (1) ☐ Card not received (2) ☐ Counterfeit, card present (4) ☐ Card still in my possession (6)

and the following transactions were not made by me or anyone authorized to use my Visa card.

1. Date:	Amount:	Merchant:
2. Date:	Amount:	Merchant:
3. Date:	Amount:	Merchant:
4. Date:	Amount:	Merchant:
5. Date:	Amount:	Merchant:
6. Date:	Amount:	Merchant:
7. Date:	Amount:	Merchant:
8. Date:	Amount:	Merchant:
9. Date:	Amount:	Merchant:
10. Date:	Amount:	Merchant:
11. Date:	Amount:	Merchant:
12. Date:	Amount:	Merchant:
13. Date:	Amount:	Merchant:
14. Date:	Amount:	Merchant:
15. Date:	Amount:	Merchant:

☐ In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.
 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 above 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 above 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 Fraudulent Transaction Dispute Form is true and correct.

Cardholders Signature _____

Date _____

KeyPoint Account Operations Department use only:

As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s).

In addition we certify the following information: Issuer certifies account was closed ____/____/____ Issuer certifies fraud was reported on DPS VROL ____/____/____. Issuer certifies account was placed on the Exception File, with a pickup code on ____/____/____. Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

Additional Information: Please use an additional sheet of paper, if necessary.

*(asterisk) Denotes required information for the fraud

Call **(888) 255-3637** immediately to report any fraud. Only completed and signed forms will be processed. Signatures must be by the member whose card was involved with the fraud. Upon completion of this form, please send it to us by one of the following options:

Email To: **risk@themembersgroup.com**

Fax To: **(515)457-2074** OR

Mail To: **Visa Fraud Dept.
PO Box 10452
Des Moines, IA 50306**