



FRAUD DISPUTE FORM

DATE: _____

Card Holder Name: _____

Card #: _____ **Expiration Date:** _____

Date of Transaction(s): _____

Transaction Merchant: _____

Reason for Dispute: An unauthorized debit transaction(s) has been charged to my Wheatland Federal Credit Union MasterCard debit. I did not transact or authorize the transaction(s).

The card was in my possession or was not in my possession. **(Circle one)**

Merchant(s) contacted: yes/no **(circle one)**

Merchant(s) resolution: _____

Merchant Name: _____ Amount: \$ _____ Date: _____

Merchant Name: _____ Amount: \$ _____ Date: _____

Merchant Name: _____ Amount: \$ _____ Date: _____

Merchant Name: _____ Amount: \$ _____ Date: _____

Sincerely,

Printed Name: _____

Phone Number: _____

For Office Use Only

Account #: _____ Old Expiration Date: _____ Hot Card Date: _____

Fees Refunded: _____ Temporary Credit Amount: _____

Date Temporary Credit Issued: _____ Temporary Credit Letter to Member: _____

Recorded on Temporary Credit Log: _____ Card Ordered: _____