



New England Federal Credit Union

Dear Cardholder:

We would like to assist you in resolving your card issue. When a suspect transaction is made using your CheckMate Debit Card or Visa Credit Card, we must hear from you **no later than sixty (60) days** after you receive your first bill or statement where the transaction appears.

To investigate the suspect transaction, we will need the following information completed on the attached pages (please attach additional pages if needed to provide as much information as possible):

1. The dollar amount in question
2. Your card number
3. The name of merchant where the fraud took place
4. The date of the charge
5. Explain in detail why the transaction is suspect (i.e.- not simply stating "Did not do")
6. Your contact phone numbers, both home and business
7. **Complete, sign and date the attached** affidavits.
8. Completed Originals must be mailed within 10 days to:

New England Federal Credit Union
Attn: Cardholder Services
PO Box 527
Williston, VT 05495

Or fax a copy to NEFCU,
Cardholder Services at 802-764-6554
No subsequent original is needed

If the transactions occurred locally, a police report **may** be required to be filed in the town where the fraud took place. We will need the Police Department, Officer Name, Phone number and Police Report number to proceed. If the transactions are not local, the police report can be filed in your hometown. Cardholder Services will let you know if this is required.

If the transactions are fraud, we will need to block your card immediately, if it has not been blocked already, to prevent future fraudulent charges from coming in. If the transaction is a dispute, the card can remain open. Please contact Cardholder Services at 800-400-8790 X6517 to get a new card issued.

Once we receive the above information and the complete Affidavit, you will be issued a provisional credit or the credit transaction will be placed in dispute. Placing a credit transaction in dispute means that it will not affect your available credit, nor will it be charged any interest, until the case has been researched and an outcome is finalized. NEFCU will then begin our investigation. If the transaction does prove to be fraud, we will proceed with a criminal investigation. You may be required to participate in any criminal charges NEFCU files.

If you have questions, please call Cardholder Services at 800-400-8790 X6517

Thank you.

NEFCU Fraud/ Dispute Transaction Affidavit Complete this document and return to NEFCU within 10 days.

Member #: _____ Account Type: _____ NEFCU Staff: _____ Date: _____

My name is _____ and my card number is _____

Tran Date: _____ Tran Amount \$ _____ Merchant: _____

Tran Date: _____ Tran Amount \$ _____ Merchant: _____

Tran Date: _____ Tran Amount \$ _____ Merchant: _____

Tran Date: _____ Tran Amount \$ _____ Merchant: _____

Required Information:

What was the date the card was blocked/ closed? _____

If the transaction was already reported to NEFCU what was the date it was reported? _____

I am disputing the above charges due to the following reason (**check only one reason**):

_____ I have not, nor has anyone authorized by me, engaged in this transaction.

My card was lost on (date): _____

My card was stolen on (date): _____

_____ I have participated in one transaction at the merchant location, but NOT the transaction listed.

I, or someone authorized by me, was in possession and control of all cards at the time of the transaction.

The authorized transaction amount was \$ _____ on (date) _____.

_____ I have not authorized or participated in this transaction in any way. My card has not been out of my possession.

_____ I participated in this transaction, but I am now disputing it because (attach additional information and any supporting documentation- emails, return packing labels, etc.);

If requested by Cardholder Services at NEFCU,

Police Report # _____ Location: _____ Officer Name: _____ Phone: _____

Please provide specific details below or on a separate sheet of paper if needed.

Best daytime telephone number for investigators to reach me is _____

I understand that NEFCU will require my assistance in this investigation, which may include copies of sales agreements, completion of a Police Report and review of photographs and/ or video as the investigation proceeds I agree to cooperate with NEFCU and understand lack of information and/or a refusal to comply with a reasonable request may lead to a termination of the investigation.

This certifies that the above transaction(s) were not authorized, made or received by me, and therefore the above transaction(s) is not recognized by me. I am now requesting credit for the amount not transacted. I agree that I will make no further claims against New England Federal Credit Union regarding this transaction(s).

Cardholder Signature: _____ Date: _____

Claim Number
Credit Union
Contract Number 044-0077-4

Police report required if over \$500

Cardholder Dispute Form

Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Cardholder Information

Cardholder Name		Home Phone () ()	Work Phone () ()
Mailing Address	Street	City	State Zip
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).
- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized on the back of this page or on an attached page): \$ _____

Name and Address of Unauthorized User (if known)

Please provide details (if necessary) on a separate sheet.

Signatures

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 Cardholder Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

STATE OF _____

COUNTY OF _____

Notarization of Signatures is not required

Subscribed and sworn to before me this

_____ day of _____, _____

Member's Signature Date

(Notary Public)

Co-Applicant/Authorized Signer Date

