



Fraudulent Transaction Dispute Form

Use this form to report unauthorized (fraudulent) transactions for Signature, ATM, or Pin Point of Sale (POS) transactions using your Winston-Salem Federal Credit Union (WSFCU) Visa Check Card or ATM Card without your knowledge or consent.

Important Things to Know:

- In order to prevent further unauthorized transactions, your WSFCU Check Card or ATM Card **MUST** be blocked. To have your card blocked, call 336-727-2663, during normal business hours.
- A new Card and PIN may be ordered by visiting or calling the WSFCU. The new WSFCU Card will be mailed to the address on file. Cards and PINs mailed to the address on file may take up to ten (10) business days to receive.
- WSFCU will re-credit your account promptly upon receipt of the completed required form.
- Return the completed Fraudulent Transaction Dispute Form in person, by fax at 336-727-8422, or by mail: 711 Salem Ave. Winston-Salem, NC 27101.

If you need assistance or have any questions completing this form, please contact us at 336-727-2663.

Credit Union Account #:	Visa Check/ATM Card #:	Daytime Phone #:
First Name:	Last Name:	Address:

I state to the best of my knowledge that the above-referenced Visa Check, ATM Card was: (please mark one)

Lost: Date Card was lost: _____ Check/ATM Card has been lost. I have not used the Check/ATM Card identified above for the purchase of merchandise, services, cash or for any other purpose since the above date.

Stolen: Date Card was stolen: _____ Check/ATM Card has been stolen. I have not used the Check/ATM Card identified above for the purchase of merchandise, services, cash or for any other purpose since the above date.

Never Received Card in the Mail: I requested a Check/ATM Card from WSFCU, but never received the card in the mail.

Unauthorized Use of Card Number: I had my Check/ATM Card in my possession when my account number was fraudulently used.

I have not used this Visa Check/ATM Card number for any of the transactions that I have listed on this form. I have not authorized anyone else, orally or in writing, nor have I given consent nor do I have knowledge of implied consent, to use or have possession of said Visa Check/ATM Card number. I have not received, and will not receive goods, services, or otherwise benefit, directly or indirectly, from transactions made after the date shown above.

I believe that sales drafts, ATM transactions, telephone/mail orders, or applications bearing my purported signature, or the purported signature of person(s) authorized to use my Visa Check/ATM Card number following the date reported above, are and will be forgeries.

By signing below I certify to the best of my knowledge and belief, that all of the information on this Form is true, correct, complete, and made in good faith. I also understand that this Form may be provided to federal, state, and local law enforcement agencies for such action with their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation on or with this Form may constitute an imposition of a fine, imprisonment or both.

Cardholder Signature: _____

Date: _____



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First and Last Name: _____ Visa Card Number: _____

I certify that my Visa Card was:

Lost Stolen Card Not Received Counterfeit, Card Present Card is still in my possession

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 Credit Union to add those subsequent transactions to this information.

Cardholder Signature

Date