

Cardholder Dispute Form (Fraud Disputes)

Thank you for contacting us regarding potential fraudulent transaction(s) on your ATM/Debit Card. Please use this form to explain the details of your dispute. All sections are required to be completed and signed. We do not provide provisional credit until the form is received by United Bank of Union with all sections completed.

SECTION I: Complete the card information below:

Cardholder Name: _____ Full Card Number _____

SECTION II: Complete the statements below regarding the unauthorized transaction(s).

I first became aware of the transaction on _____.

I first informed United Bank of Union of the transaction on _____.

I became aware of the transaction because I

_____.

I did not authorize this transaction, nor did I allow anyone to use my card to complete this transaction.

My card was in my possession at the time of the transaction.

My card was lost or stolen at the time of the transaction.

SECTION III: Complete the transaction(s) information below.

Merchant Name	Amount	Transaction Date

By signing below I certify that the information provided is true and accurate to the best of my knowledge and ability. I also, understand that provisional credit can take up to 10 business days from the day United Bank of Union receives this form.

Cardholder Signature: _____

Staff Use Only: Received By: _____ **Date Received** _____