



## **Visa Debit Card Fraud Claims**

For the credit union to process your Visa dispute or fraud claim in a timely manner, please follow this comprehensive member guide.

Atlantic Federal Credit Union's policies and procedures for processing fraudulent and disputed transactions are governed by the Electronic Funds Transfer Act and Regulation E.

### **Cardholder Dispute**

When you submit a dispute, the credit union is acting on your behalf between you and the merchant. Visa will make the final decision as to whether or not the credit union is authorized to charge back the merchant for your purchase. If Visa consents to your dispute, a charge back is filed with the merchant and you will be reimbursed. Should Visa deny your dispute you will not be credited. *Note: Per regulation; the credit union will only process transaction disputes greater than \$50.00. Members are fully responsible for disputes less than \$50.00.*

Prior to the credit union submitting a dispute on your behalf, you must first attempt to work out the dispute directly with the merchant. Documentation of your attempt may be requested by the credit union prior to submitting your request to Visa.

A cardholder dispute occurs when you have a disagreement with a merchant about a charge. The following are examples of disputes:

1. You cancelled a transaction with a merchant, but the merchant charged you anyway (i.e.: you used your debit card to reserve a hotel room but cancelled with the hotel within the required timeframe and were charged anyway).
2. You purchased an item with your debit card and later returned the item to the merchant; however your account was not credited.
3. You were charged twice for the same purchase.
4. You attempted to withdraw funds at an ATM, but the cash was not disbursed from the machine and your account was debited.

5. You used your card to “hold” a purchase, than paid for the purchase using another method of payment, and your debit card was also charged.
6. You were charged an incorrect amount for a transaction.
7. You have an issue with the quality of the goods and/or services provided.

### **How we process your dispute greater than \$50.00**

Timely notice is critical! Regulation requires that you notify the credit union within two (2) business days\* of the date you first become aware of the transaction. Failure to notify us within two (2) business days increases your liability from \$50 to \$500. If you do not notify us within sixty (60) days from when the transaction appeared on your statement, you are liable for the entire amount of the disputed transaction.

#### What we need from you to process your claim:

1. Cardholder Dispute Form
2. Statement of Occurrence
3. All documentation supporting the transaction and your attempt to first work out the dispute with the merchant.

#### Atlantic Federal Credit Union claim process:

1. AFCU will review your submission for completeness and verify that the amount of your dispute is greater than \$50.00.
2. AFCU has ten (10) business days to process your claim. The dispute process can take up to forty-five (45) days; however if we cannot complete our investigation within a ten (10) day period, we will provide you with a provisional credit to your account for the amount of the dispute, less \$50.00. Note: If Visa determines that we cannot charge back the merchant for your transaction, we will withdraw the full amount of the provisional credit from your account within three (3) days of notifying you of the results.
3. You will be notified of the results in writing once the investigation is complete.

### **Fraudulent Transactions**

A fraudulent transaction occurs only when you have no knowledge of who used your card and you can state with certainty that you were not aware of the transaction. You must notify the credit union within two (2) business days\* upon discovering fraud. You will be required to sign an affidavit attesting to the fact that you have no knowledge of who completed the transaction(s) in question. The credit union reserves the right to require you to complete a police report if we deem it necessary for our investigation. You are responsible for all transactions you authorize using your Debit Card if you voluntarily permitted someone else to use your card and/or your PIN number.

What we need from you to process your fraud claim:

1. Cardholder Fraudulent Transaction Dispute Form
2. Statement of Occurrence
3. Signed Dispute of Fraudulent Use of an ATM Card, or Debit Card Form

How Atlantic Federal Credit Union will process your fraud claim:

1. We will begin processing your claim as soon as you notify us. You may notify us in writing, over the phone, or in person at any of our branch locations.
2. AFCU has ten (10) business days to process your claim. The claim process may take up to forty-five (45) days; however if we cannot complete our investigation within a ten (10) day period, we will provide you with a provisional credit to your account for the amount of the claim. Note: if your claim is determined by Visa to be invalid, we will debit your account for the entire amount of the provisional credit within three (3) days of completing our investigation.
3. You will be notified in writing once our investigation has been completed.

\*Our business days are Monday through Friday. Credit Union Holidays are not included.

## Fraudulent Transaction Dispute Form

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

ATM/ Debit card number: \_\_\_\_\_

I certify that my ATM/Debit card was:

- Lost    Stolen    Card not received    Counterfeit    Fraudulent use of card

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

- Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
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- Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Total amount of fraudulent transaction(s): \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Union 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 card was closed \_\_\_/\_\_\_/\_\_\_  
Issuer certifies fraud was reported on \_\_\_/\_\_\_/\_\_\_.

**Statement of Occurrence for Fraudulent or Disputed Transactions**

This form will help Atlantic FCU complete an investigation regarding your claim for a disputed or fraudulent transaction on your account(s) with us. Please fill out his form in its entirety.

I am filing a claim for a(n):

Debit/ATM Card Dispute  Debit/ATM Card Fraud  Check Fraud  Unauthorized ACH

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Debit/ATM Card Number: \_\_\_\_\_

Please tell us in your own word what happened:

\_\_\_\_\_  
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I represent and warrant that I have disclosed all facts as I know them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teller Initials: _____
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## Dispute of Fraudulent Use of a Credit Card, ATM Card, or Debit Card

Credit Card                     
  ATM Card                     
  Debit Card

### CARDHOLDER INFORMATION

I make this dispute for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my Credit/ATM//Debit to anyone nor give anyone permission to use my card(s), I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my Credit/ATM/Debit card.

Cardholder / Members Name(s)

No. of Cards Issued

Date Loss Discovered	Card Account Number	Type of card loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In my possession at all times when fraud occurred
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<b>LIST UNAUTHORIZED CREDIT/ATM/DEBIT TRANSACTIONS BELOW</b>	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction
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**(A system screen print of the transactions can be provided as an attachment instead of listing them below)**

Transaction Number	Date	Amount	Transaction Number	Date	Amount

Name and Address of Unauthorized User (if known)	
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Please provide details (if necessary) on a separate sheet	Has this loss been reported to police department? <input type="checkbox"/> Yes <input type="checkbox"/> No Authority contacted _____ Address _____ Phone (    ) _____
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### 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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit 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 by imprisonment.**

**NOTICE:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature \_\_\_\_\_

Co-Applicant/Authorized Signer \_\_\_\_\_

