



Dear GCEFCU Member,

We are sorry that you have experienced fraud on your Visa Debit Card. We will work with you to dispute the charges and have the funds returned to your account as soon as possible. There are a number of required items that are needed in order to process your dispute and return the funds.

Please read the following requirements carefully, as any missing information could delay your dispute. If you prefer, you can come into one of our offices and we will assist in filling out the paperwork. In this packet we have included a member affidavit which needs to be notarized and a Visa Chargeback Request for you to complete. We have notaries available at our offices at no charge. In addition to these two forms, you are required to submit a police case number and write a hand written letter in the format shown below. Please contact your local police department to open a case and receive a case number.

*Sample Letter to Attach to Visa Dispute Packet:*

To whom it may concern:

I noticed on my account unauthorized charge(s). I have had my card in my possession at all times.

The following is/are detail(s) of the charge(s):


1. Date the charge was authorized, amount of the charge and the merchant name & location
2. Repeat for all charges
3. Repeat for all charges

I did not make any of these charges.

Sign & Date

Please note the following:

The date the charge was authorized is needed, not the date it cleared your account. The authorization date is available in online banking on the transaction detail as highlighted in the following example:

01/04/10  PURCHASE 12-30-09 HAAK VINEYARD & WINERY  
SANTA FE TX 253083

The first date is the date it cleared and after the word purchase is the authorization date.

Please call us with any additional questions or if you need any assistance with your dispute.

Sincerely,

Gulf Coast Educators Federal Credit Union

5953 Fairmont Pkwy Pasadena, TX 77505 | P 281.487.9333 | F 281.998.5891 | info@gcefcu.org | www.gcefcu.org



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# GULF COAST EDUCATORS FCU

## Member Affidavit

### Fraudulent Use of ATM / Debit Card

Member Information: I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit / debit card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or children 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 card.

NAME	HOME PHONE	WORK PHONE
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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TYPE OF CARD LOSS:

LOST     
  STOLEN     
  NEVER RECEIVED     
  IN MY POSSESSION AT ALL TIMES WHEN FRAUD OCCURRED

NUMBER OF CARD ISSUED	CREDIT UNION NAME	CARD ACCOUNT NUMBER
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DATE LOSS DISCOVERED	DATE LOSS REPORTED	DATE OF FIRST FRAUDULENT TRANSACTION
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**LIST UNAUTHORIZED ATM (DEBIT) CARD TRANSACTIONS BELOW**

TRANSACTION NUMBER	DATE	AMOUNT

NAME AND ADDRESS OF UNAUTHORIZED USER (IF KNOWN) _____ _____	HAS THIS LOSS BEEN REPORTED TO THE POLICE DEPARTMENT? YES _____ IF YES, CASE NUMBER _____ NO _____
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**PLEASE PROVIDE DETAILS (IF NECESSARY) ON A SEPARATE SHEET**

I give my consent to the credit union to release any information regarding my card and / or 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 account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and / or state statues and may be punishable by fines and / or by imprisonment.

STATE OF _____	MEMBER'S SIGNATURE (SUBSCRIBED) _____
COUNTY OF _____	CO-APPLICANT / AUTHORIZED USER'S SIGNATURE (SUBSCRIBED) _____
AND SWORN TO BEFORE ME THIS _____ DAY OF _____	NOTARY PUBLIC _____

## Chargeback Request Form

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Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_  
Institution Name: \_\_\_\_\_ Merchant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Check Card Number: \_\_\_\_\_  
\_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Institution Acronym: \_\_\_\_\_ Dollar Amount in Dispute: \_\_\_\_\_

- ( ) I received my monthly statement and there is a purchase on it that I certify I did not make. (A copy of the *checking account statement* with the purchase in question circled is REQUIRED).
- ( ) I received my monthly statement and the amount I purchased differs from the amount billed by the merchant. (A copy of the *checking account statement* with the purchase in question circled, *sales slip* and/or *packing invoice* for mail orders is REQUIRED).
- ( ) I received a credit slip from the merchant and the credit has not appeared on my statement. (A copy of the *checking account statement* with purchase in question circled and *credit slip* is REQUIRED).
- ( ) I received an "In Store Credit Slip" and request that my account be credited. (A copy of the original "In Store Credit Slip" and a copy of the *checking account statement* with the purchase in question circled is REQUIRED).
- ( ) I attempted to pay for a purchase with my Check Card, but the transaction was not approved. Therefore, I then paid using another method of payment. My checking account was debited for the Check Card purchase, even though I paid using another method of payment at the time of the purchase (i.e. cash, check, charge card, etc). (A copy of the cash receipt, the front and back of a *canceled check*, or the *credit card receipt or statement* and a copy of the *checking account statement* with the purchase in question circled is REQUIRED).
- ( ) I did authorize the sale, **HOWEVER:**
- ( ) I have not received the merchandise. The expected delivery date is/was \_\_\_\_\_.  
(A copy of the *checking account statement* with the purchase in question circled is REQUIRED).
- ( ) I have not received the expected services. (*Explain in full*) \_\_\_\_\_  
\_\_\_\_\_
- ( ) The merchandise was defective and returned on \_\_\_\_\_. (The merchandise was defective and returned on \_\_\_\_\_. Proof of return such as an invoice and shipping papers on a certified mail receipt, explanation of defect and a copy of *checking account statement* with purchase in question circled is REQUIRED).
- ( ) I attempted to cancel this purchase with the merchant on \_\_\_\_\_. The Merchant's reply was \_\_\_\_\_.  
(Copies of correspondence (if any) between cardholder and the merchant, and a copy of the *checking account statement* with purchase in question circled is REQUIRED).
- ( ) This sales was cancelled hotel reservation. Cancellation # \_\_\_\_\_. Date of cancellation: \_\_\_\_\_.  
(A copy of the *checking account statement* with purchase in question circled is REQUIRED).
- ( ) Only one sale was authorized. The amount in question is a duplicate of a sale which was charged to my account on \_\_\_\_\_. (A copy of the *checking account statement* with transaction in question circled is REQUIRED).

I have marked the applicable reason for the disputed transaction and have supplied copies of all required documentation.

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

Customer Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_