



Cardholder Statement of Disputed Item – Fraud

Card Number: _____

Transaction Date: _____ Transaction Amount: \$ _____

Merchant: _____

Case No: _____

I am disputing the above charge 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 not authorized or participated in this transaction in any way. My card has not been out of my possession.

I have participated in one transaction at the merchant location, but NOT the transactions 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 am disputing the listed ATM withdrawal. I have explained the details below. ***Only if member did not attempt ATM withdrawal.**

Please provide specific details below, on back or a separate sheet of paper.

Signature: _____ Date: _____

Contact Phone Number: _____

Completed forms can be returned by fax, mail, or be hand delivered to one of our branches.

➤ Fax • (912) 629-4055

➤ Mail to • GHFCU Member Services, PO Box 1920, Savannah, GA 31402