



Dear Member,

Attached is a **Fraud/Consumer Dispute Form** to report unauthorized transactions on your Department of Commerce FCU Debit Card/Visa Credit Card®. Please return the form promptly so that we may resolve your issue in a timely manner. The **Department of Commerce Debit Card/Visa Credit Card** associated with the fraudulent transactions will be **canceled immediately** upon receipt of your completed statement of fraud on the **Fraud/Consumer Dispute Form**, if it has not been canceled already. If you still have the card in your possession, please destroy it immediately.

### Form Instructions

The dispute form is broken up into four sections. The first section details all DOCFCU contact information and how to submit your form. In the second section, you will provide the card number that was used fraudulently or used for disputed transaction(s), your member number, and contact information. In the third section, you will **list all the fraudulent or consumer dispute charges**, to include the amount, date, and merchant name. In the fourth section, you will certify that the charges are fraudulent including how the fraud may have occurred (e.g., lost card, stolen card, stolen account number). If you are disputing a Consumer (merchant) you will then certify what type of dispute your filling checking one of the options listed best to your dispute reason (please note that adding as much information to your dispute on an extra sheet of paper detailing exactly what was purchase or cancellation numbers dates of contact and so on will assist with getting your dispute resolve in a timely manner). To expedite your claim, you may **fax the completed form to (202)482-2965** or by **email at [opsservice@docfcu.org](mailto:opsservice@docfcu.org)**. You may also mail it to Department of Commerce FCU, Operations Visa/ Debit Claims Department at **PO Box 14720, Washington DC 20044**. Be sure to make a copy of the **Fraud/Consumer Dispute Form** for your records.

### Dispute Process

Once our Operations department has received your Fraud/Consumer Dispute Form, it will be assigned to a Card Service Specialist. Please be aware that the role of a Card Service Specialist is to pursue reimbursement avenues intended to reduce losses. They do not initiate criminal investigations; however, a Specialist may contact you during the claim process if additional information is needed in reference to your claim. Please note, if we determine the charges to be valid, they may be applied back to your account. If your claim is not proven to be fraudulent you will receive a closeout letter explaining why your provisional credit or credit from merchant was revoked.

### Questions/Concerns

The security of your account is our priority. If you have any concerns or need assistance completing this **Fraud/Consumer Dispute Form**, call (202) 808-3600 or toll-free internationally at 1-888-626-9845. Representatives are available 24 hours a day to assist you. If you are enrolled in DOCFCU Online Banking, you may send your questions through [service@docfcu.org](mailto:service@docfcu.org) by selecting "Contact Us."





SECTION 4  
MEMBER'S STATEMENT

Please select whether your dispute is Fraud or Consumer related below:

FRAUD DISPUTE

I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. **(Your card will be blocked)**

The transactions identified in section 3 were not authorized or signed by me or by anyone acting upon my authority or with my consent or knowledge. 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 this Department of Commerce Visa or Debit Card. Neither I, nor any person(s) authorized to use my Department of Commerce Visa / Debit Card, have received or will receive goods or services, or will otherwise benefit, directly or indirectly, from the transactions identified 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 Department of Commerce Visa/Debit Card following the date reported above, are and will be forgeries.

CONSUMER DISPUTE

**AN ATTEMPT TO CONTACT THE MERCHANT TO REMEDY DISPUTE MUST BE MADE BY CARDHOLDER**

I certify that I participated in the above transaction but have not received the merchandise/service.

I certify that I participated in the above transaction but have returned the merchandise/cancelled services \_\_\_\_\_ per the merchant's instructions and have not received credit.

I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized. The correct amount was \_\_\_\_\_.

I contacted the merchant on \_\_\_\_\_ and canceled the monthly recurring transaction.

I contacted the merchant on \_\_\_\_\_ and canceled my reservation.

My cancellation number is \_\_\_\_\_

I was not given a cancellation number.

I certify to the best of my knowledge and belief that all the information on this form is true, correct, complete, and made in good faith. I also understand that this information may be provided to federal, state, and local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment, or both.

**QUESTIONS FOR MEMBER**

Status of card?	In My Possession	Lost	Stolen
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Do you have any knowledge of who might have conducted the transaction(s) recorded in section 3?	YES	NO
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Suspect: Name | Address

MEMBER'S SIGNATURE (I affirm that the information furnished above is true to the best of my knowledge.)	DATE
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**CREDIT UNION USE ONLY**

TELLER #	DATE	REQUEST RECEIVED BY	Email	Phone	Fax
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