



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 to ensure your claim is resolved 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, 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 filing by checking one of the options listed that best describes your dispute reason. To expedite your claim, you may **fax the completed form to (202)482-2965, email at [cardservices@docfcu.org](mailto:cardservices@docfcu.org)** or mail it to Department of Commerce FCU, Operations Visa/ Debit Claims Department at **PO Box 14720, Washington DC 20044**. You may also fill a dispute form via online banking. 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to be fraudulent you will receive a closeout letter explaining why your provisional credit or credit from merchant was revoked.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 only one box to indicate this is either a Fraud or Non-Fraud Dispute

**FRAUD DISPUTE** (CARDHOLDER IS NOT REQUIRED TO ATTEMPT TO CONTACT MERCHANT)

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)**. Please proceed to page four to complete your fraudulent claim.

**CONSUMER DISPUTE** (CARDHOLDER IS REQUIRED TO ATTEMPT TO CONTACT MERCHANT TO REMEDY DISPUTE)

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

Provide details about the merchandise or service you expected to receive, the expected date of delivery, and any attempts to resolve the matter with the merchant in the **Additional Details** area of this form.

I certify that I participated in the above transaction but returned the merchandise or canceled services on \_\_\_\_\_(date) per the merchant's instructions and have not received credit. Merchant cancellation policies

may apply. Provide full details in the **Additional Details** area of this form.

I contacted the merchant on \_\_\_\_\_(date) and cancelled the monthly recurring transaction. Merchant cancellation policies may apply. Provide full details in the **Additional Details** area of this form.

I received a price adjustment (credit slip) on the above transaction, and it has not appeared on my statement. I have included a copy of the credit slip.

I certify that only one transaction was made with the merchant listed above. On my statement, the same merchant has processed a second (or more) charge to my account. The authorized amount is \_\_\_\_\_and date it was authorized is \_\_\_\_\_.

I certify that this transaction was paid by other means. Proof of payment by other means must be provided.

I certify that an incorrect amount was processed by the merchant. The correct amount is \_\_\_\_\_ . Proof of correct amount must be provided.

The merchandise/service I received is defective or damaged. It was the correct merchandise/service but not able to be used as intended. Describe in the **Additional Details** area the purchase and the defect or damage that is preventing its proper use. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response.

The merchandise/service was not as described. The merchandise/service was materially different from what was purchased. Describe in the **Additional Details** area the purchase and how it differs from what was received, e.g., color/size/different item. Counterfeit claims need to be supported by expert opinion. Provide any information relating to attempts to contact the merchant to return or correct the merchandise/service, and the merchant's response to the request.

(Continue to next page)



SECTION 4  
MEMBER'S STATEMENT

Signature Required

**Attempt to Resolve Information**

In dispute cases except those related to fraud-type disputes, you are required to attempt to resolve the dispute with merchant prior to filing a dispute. If no attempt is made for a consumer-type dispute, the dispute becomes invalid. Please describe your attempt to resolve here.

- I have attempted to resolve with the merchant.       Yes    No
- Date of contact: \_\_\_\_\_
- Contact method:       Telephone    E-mail    In-person    Other – Describe in Additional Details
- Merchant's response: \_\_\_\_\_

• If no attempt, why not? \_\_\_\_\_

**Additional Details:** \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

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

Do you have any knowledge of who might have conducted the transaction(s) recorded in section 3?      YES      NO

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
		<b>Email      Phone      Fax</b>

