<u> </u>	RAUDULEN1	TRANSACTION DIS	PUTE FORM	PAGE OF
Name: .			Visa card number: (that the transaction occurred on)	
participate in, or Form. Include a	s form is only to be us benefit from. If you a separate sheet or let	are disputing transactions that you	u believe to be fraudulent. A fraudulent transact do not consider to be fraudulent, please use the explanation. If any of the below does not accu	e Cardholder Non-Fraud Transaction Dispute
your	dispute.	this form, please make sure that y	ou complete all information. Any missing infor	mation will cause a delay in the processing of
certi and my c part such	fy that I did not reconsuspicions I have a card for the Dispute les in connection with investigation and	eive any value or benefit in con about the Disputed Transactions and Transactions. I authorize you with any investigation of the Disp in the prosecution of any person		nave made available below all information identity of the person who wrongfully used ment, banking regulators and other third investigation. I agree to cooperate in any
Cardholder signature			Date	
I certify that r	my Visa card was: Stolen (1)	Card not received (2)	Counterfeit, card present (4)	Card still in my possession (6)
* <i>I<u>nstitution</u> <u>use only:</u> Order Draft</i>	The foll	lowing transactions were	e not made by me or anyone auth	norized to use my Visa card.
	Date:	Amount:	Merchant:	
	Date:	Amount:	Merchant:	
	Date:	Amount:	Merchant:	
	Date:	Amount:	Merchant:	
	Date:	Amount:	Merchant:	
	Date:	Amount:	Merchant:	

 \Box 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.

Merchant:

Merchant:

Merchant:

Merchant:

Amount:

Amount:

Amount:

Amount:

Date:

Date:

Date:

Date:

Additional	Fraud:		CARD	PAGE OF				
* Institution use only: Order Draft	The foll	owing transactions we	re not made by me or anyone aเ	Ithorized to use my Visa card.				
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
	Date:	Amount:	Merchant:					
ADDITIONAL INFORMATION Provide Additional Information: Please use an additional sheet of paper, if necessary.								
* Institution	on Use Only							
Required cert		der neither participated in	nor authorized the referenced transa	ction(s).				
Issuer certifies account was closed on: (mm/dd/yyyy)								
Issuer certifies fraud was reported on DPS VROL on: (mm/dd/yyyy)								

Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

Issuer certifies account was placed on the Exception File, with a pickup code on:

(mm/dd/yyy)