



Fraudulent Transaction Dispute Form

Cardholder Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: (_____) _____ (_____) _____
Daytime Evening

Email: _____

Last Four Digits of Card Number: _____ Card Type: Debit Credit

1. Dispute Reason/Elaboration

At the time of the transaction(s), please indicate status of card (*Please check one*):

- Card Lost Date card was lost: _____
- Card Stolen Date card was stolen: _____
- Card still in Accountholder's possession.
- New or Reissue Card Never Received.

- Cardholder denies authorizing or participating in the disputed transaction(s). No one authorized to use this account signed for or participated in the transaction(s).

2. Transaction Information

Transaction Date	Merchant name	Dollar Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Cardholder Signature Date

Please return this form and any additional documents within 10 days to:
Mail: Westerra Credit Union, Attn: Card Services Dept. 3700 E. Alameda Ave. Denver, CO 80209 or
Fax: 1-855-610-5478, or
Scan and email: carddisputegroup@westerracu.com
Please call Card Services at 303-321-4209 with any questions and to verify the receipt of your form and documents.



Fraudulent Transaction Dispute Form, Continued

Cardholder Name: _____

Last Four Digits of Card Number: _____ Card Type: Debit Credit

2. Transaction Information

Transaction Date	Merchant name	Dollar Amount
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____
34. _____	_____	_____
35. _____	_____	_____

Cardholder Signature

Date

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