

Knoxville TVA Employees Credit Union Debit/Credit Card Dispute Form

Please complete this form in the entirety and return by email: carddisputes@tvacreditunion.com or fax to: (865) 541-5844.
Questions? Call Member Services at (865) 544-5400.

SECTION 1: MEMBER INFORMATION

Name: _____	Credit Union Account Number _____
Best Phone Number to Reach Me: _____	
VISA Card Number: _____	
Date I Became Aware of Charge: _____	Date Reported to Credit Union: _____

SECTION 2: DISPUTED TRANSACTION(S)

(If more than 5, list on page 3)

Date: _____	Amount: _____	Merchant Name: _____
Date: _____	Amount: _____	Merchant Name: _____
Date: _____	Amount: _____	Merchant Name: _____
Date: _____	Amount: _____	Merchant Name: _____
Date: _____	Amount: _____	Merchant Name: _____

SECTION 3: INDICATE REASON FOR DISPUTE

Unauthorized Transactions (*card will be closed*)

- Fraud use of number – complete Section 4 –
- Requires the statement, *“I did not engage or authorize this/these transaction(s).”*

Lost/Stolen Card (*card will be closed*)

- Date card lost or stolen: _____
- If reported to police, include copy of report or indicate the name of the law enforcement agency and report number:

- Last place card was used:

- In Section 4, describe detailed explanation to support claim.

Recurring Charges After Cancellation (*card will be closed*)

- Date membership/agreement was cancelled: _____
- Requires proof of cancellation such as emails, confirmation number, or certified letter receipt.

Not as Described or Defective

- In Section 4, describe in detail, explanation to support claim.
- Include steps taken to resolve with merchant.
- Additional information may be required.

Paid by Other Means

Requires proof of other payment such as cancelled check copy or receipt.

Altered Amount after Authorization

Requires copy of receipt, invoice, or rental agreement.

Credit/Product/Service not Received

- Expected delivery date or date of service:

- In Section 4, describe your efforts to resolve with merchant and exact product description.
- Provide emails, texts, merchant response and tracking information, if available.

ATM Error Complaint

- Suffix affected: _____
- ATM location: _____
- Disputed amount: \$ _____
- Copy of receipt (if available)

Other

- Provide a detailed explanation of dispute in Section 4.

SECTION 4: STATEMENT OF EXPLANATION (ATTACH ADDITIONAL SHEETS IF NEEDED)

SECTION 5: IDENTIFICATION – ONLY COMPLETE IF LOST, STOLEN, OR UNAUTHORIZED TRANSACTIONS

The transaction(s) identified were not made by me, nor did I provide anyone authority to make any transactions.

Check one:

I have no knowledge of the identity of the person(s) using the card.

I can identify the person making the transactions:

Name _____

Have you previously allowed this person to make transactions with the card? Yes No

SECTION 6: ATTESTATION

I have not given permission to anyone else verbally, or in writing to use the card/number.

By signing below, I certify to the best of my knowledge that all of the information on or attached is true, correct, and made in good faith. I also understand that this affidavit may be provided to federal, state, and local law enforcement agencies for such action within their jurisdiction as they deem appropriate so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I understand I may be required to comply with a court order or subpoena to give testimony. I understand that knowingly making a false statement may constitute a violation of federal, state, or local criminal statutes.

I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes may be punishable by fines and or imprisonment.

Cardholder Signature (Required) _____
Date

CREDIT UNION USE ONLY

Employee Name: _____ Branch _____

DISPUTED TRANSACTIONS *(additional space for Section 2 above)*

Member Name: _____ **Account Number:** _____

Date: _____ Amount: _____ Merchant Name: _____

Date: _____ Amount: _____ Merchant Name: _____

Date: _____ Amount: _____ Merchant Name: _____

Date: _____ Amount: _____ Merchant Name: _____

Date: _____ Amount: _____ Merchant Name: _____

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