CARDHOLDER DISPUTE FORM AND FRAUDULENT USE AFFIDAVIT FOR CREDIT/Gold CARD TRANSACTIONS

Today's Date: _____ Alcorn ID Number: _____

Card Number: _____ Last 4 Digits of S.S.#: _____

Cardholder Name: _____Total Amount of Loss ($): _____

Email Address: _____Home Phone: _____ Work Phone: _____

Mailing Address: _____
Street City State Zip

Physical Address (if different): _____
Street City State Zip

At time of disputed/fraudulent transaction, my card was: ☐ Lost ☐ stolen ☐ In my possession

☐ Not received

Date loss was discovered: _____

Date loss reported to Alcorn State University: _____

Have you ever granted permission for anyone (other than yourself) to use your card? ☐ Yes ☐No

If yes, who: _____

Have you previously transacted business with this/these merchants? ☐Yes ☐No

If yes, did you contact the/these merchants ☐Yes ☐No

Date/Amount/Merchant Name for your **last authorized** transaction:

_____

_____

Date/Amount/Merchant-Location of the **first fraudulent** transactions:

_____

_____

Law Enforcement notified? ☐Yes ☐No If yes, Agency_____Case No._____

DISPUTED TRANSACTION(s) Please list all transactions on the next page.

☐ Merchandise was returned ☐ Merchandise/Services was never received ☐ was overcharged
☐ Paid by other means

Date Refund Requested: _____ Merchandise Return Date: _____ Date merch/svcs to be received: _____

What was ordered:

_____

_____

Merchant's response to your request for credit _____

(Please attach receipt or other documentation of payment and/or postal receipt or tracking number.)

□ Canceled Pre-authorized Charge

Date of cancellation_____ Cancellation number_____ Date refund requested

Merchant's response to your request for credit _____

□I was billed twice for the same transaction

Authorized charge post date _____Amount ($)_____

Unauthorized charge post date_____ Amount ($)_____

□ Not as described

Date merchandise returned_____ Date of refund request _____Merchant contact date _____

Merchant's response to your request for credit ?_____

What was expected versus what was received? _____

Please attach postal receipt or list tracking number.

Other. DETAILED description. If more space is needed attach a separate sheet to this form.

_____

_____

FRAUDULENT TRANSACTION(s) *You understand that by completing the information in this sections:
YOUR CARD WILL BE CLOSED. You affirm that you did not authorize or participate in the transactions listed below.

Location where was card lost or stolen:

_____

What other property was lost/stolen with the card:

_____

Who discovered the fraud? _____

How did fraud or loss occur? _____

Name of person suspected of committing the fraud: _____

Additional information about fraud suspect (address, phone number, etc.)

DISPUTED OR UNAUTHORIZED CREDIT, DEBIT, and ATM TRANSACTION(s) Please list all transactions being disputed Transaction

Transaction (deposit, disputed merchant's name, withdrawal, etc.)	**Date**	**Amount**	**ALCORN STATE UNIV USE ONLY**		
					CB#

I give my consent to Alcorn State University to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency 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 swear/affirm that this Cardholder Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Cardholder's Signature _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20_____,
by _____
who is personally known to me or presented _____
as identification.

[Notary Stamp]

Notary Signature _____
Printed Name _____

Print