

Mastercard Unauthorized Fraud

Cardholder Name:	Cardholder Phone #	
Cardholder Address:		
Mastercard Number:	RCU Account #	
#		
Transaction Information:		
Merchant Name		
Required Information: I am disputing the above charges due to the	following reason (check only <u>one</u> re	eason):
I have not authorized or participated in of my possession.	this transaction in any way. My car	d has not been out
I have not, nor has anyone authorized b	by me, engaged in this transaction.	
My card was lost on (date)	My card was stolen or	n (date)
I have participated in one transaction a I, or someone authorized by me, was in transaction. The authorized transaction	possession and control of all cards	at the time of the
Transaction Resolution Information: Card in mem	ber's possession: Member con	tacted merchant:
Explanation in Cardholder's Words: (Merchant Co	mments, Transaction Details, etc.)	
I understand that any credit given to me is a provisional credit, subject t files the dispute on the member's behalf.	to Mastercard regulations and can be taken back up to 1	20 days from the time Revity
Cardholder Signature:	Date:	
By signing below I give my consent to Revity Crea MasterCard account to any local, state and/or fed the unauthorized transaction(s) involving my Ma	leral law enforcement agencies for fur	0 0 1

Cardholder Signature:_____

_____ Date:_____



3970 Maryville Rd Granite City, IL 62040 (618) 797-7993 Lost or Stolen Card? Call (800) 523-4175

Mastercard Unauthorized Fraud Dispute (cont'd)

Transaction Information:		
Merchant Name	Dollar Amount	Date Posted to Account

Cardholder Signature:

Date: