

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 |
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Cardholder Signature:

Date: