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 andigo.org

## Debit card dispute/fraud form

**Please note:** In accordance with regulations all disputes must be filed within 60 days of receiving your statement. Once you complete this form, please sign and email to [lossprevention@andigo.org](mailto:lossprevention@andigo.org) or fax to 847.538.4736.

### Type of dispute (check one):

- Fraud** (These transactions were not conducted by me or anyone I have authorized to use my card.)
- Merchant related** (These transactions are mine, however, there is an issue with the transactions or merchant.)

*Note:* Before submitting a merchant dispute you are required to attempt to resolve directly with the merchant first. If you already attempted to resolve the issue with the merchant and were unable to, please include all correspondence related to this transaction and/or merchant.

Was the debit card in your possession?  Yes  No

### Disputed transactions (Use additional form if necessary.)

Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount
Date	Merchant	Amount

### Briefly describe the fraud situation

Police report number (if applicable)

### Personal information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (printed)	Signature (required)	Date
<input type="text"/>		
Debit card number		
<input type="text"/>		
Contact phone number		

### Certification & Promises by the Owner

**Certification:** I certify under penalties of perjury that I have read this statement in its entirety and attest that all information provided and all certifications made in this Statement are true and correct. I have reviewed my periodic statement, account or internet service and have discovered the Unauthorized Electronic Fund Transfer(s) (EFT(s)) identified in this statement. I attest that the EFT(s) was/were not performed by me or anyone that I authorized and that I did not receive any personal benefit from the EFT(s). I agree that your credit union and anyone else to whom this Statement is provided may rely on the information and certifications contained in it.

**Promises to Indemnify, Defend and Hold Harmless:** I agree to indemnify, defend, and hold harmless your credit union and any other person who relies on this Statement from all claims, damages, losses and costs (including attorney fees) because of actions taken in reliance on the information provided or the certifications and promises made in this Statement.

**Information, Release of Information and Cooperation:** I agree to provide you with additional information concerning the unauthorized EFT(s) on your request. I consent to the release of any information in this Statement to any person who has a business or law enforcement interest in the unauthorized EFT(s).

Office use only