



Atlanta Postal Credit Union

A TRADITION OF SERVICE



Visa Debit Card – Dispute/Fraud

1. Mailing address: _____

Primary phone number: _____

Alternate phone number: _____

2. Credit/Debit card account number: _____

3. The above card was requested by me. Yes No

4. The following person(s) were issued card(s) in their name(s) with the same account number as my card:

5. To the best of my knowledge, my card was (check one of the following):

Lost on approximately _____ (MM/DD/YYYY)

Stolen on approximately _____ (MM/DD/YYYY)

Never received

In my possession at all times when the fraudulent transaction(s) occurred

6. I learned of the fraud on approximately _____ (MM/DD/YYYY)

I reported card lost/stolen on _____ (MM/DD/YYYY)

7. The transaction listed on the following page(s) of this form were (check the box of each true statement):

Not made or authorized by me

To the best of my knowledge, not made by any person who was authorized to use my card

To the best of my knowledge, not made by any person listed in Section 4 above

8. I did not receive any benefit from the transaction(s) listed on the following page.

9. I do do not have knowledge of the identity of the person(s) illegally using my name, account number, or card. (If you have such knowledge, please provide this information in the section provided on the bottom of page two.)

10. I give my consent to APCU to release any information regarding my card and/or card account to any federal, state, or local 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.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including auto-dialed and pre-recorded message calls, from the Credit Union or its third party debt collector at that number. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by calling APCU at (800) 849-8431.

Primary Cardholder Signature: _____

Secondary Cardholder Signature: _____

Sign the completed form and return original to:

APCU- Card Services
515 Mulberry Street, Suite 100
Macon, GA 31201-6306
cardservices@apcu.com