



# FRAUD DISPUTE

Go Energy Financial Credit Union  
2100 E Exchange Place  
Suite 101  
Tucker, GA 30084

DO NOT USE FOR ATM/MERCHANT DISPUTES

## Statement of Forgery for Debit/Check CARD

The Debit/Check Card associated with the fraudulent transactions will be cancelled immediately, if not done already, upon receipt of your completed state of forgery. The entire form must be completed where applicable, SIGNED by the cardholder, and returned to the credit union to expedite the dispute process.

### SECTION 1

Member Number:	Member Name:	Debit/Check Card Number:
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### SECTION 2

#### Was your card in your possession at the time of the disputed transaction(s)?

<input type="checkbox"/> IF YES: Do you do business with this merchant?		<input type="checkbox"/> IF NO: Was the card lost or stolen?	
<input type="checkbox"/> IF YES: Refer to merchant dispute form.	<input type="checkbox"/> IF NO: I certify I had the card in my possession and did not participate in any way.	<input type="checkbox"/> IF YES: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	<input type="checkbox"/> IF NO: Do you know who may have used your card?
		<input type="checkbox"/> IF YES: Name of individual: _____	

### SECTION 3

#### Disputed Transaction(s)

Merchant Name:	Posting Date:	Dollar Amount:

I have not used this Debit/ Check Card/ Number for a transaction since the above date. I have not authorized anyone else, orally or in writing, nor have I given consent nor do I have knowledge of implied consent, to use or have possession of said Debit/ Check Card/ Number. I have not received and will not receive goods, services, or otherwise benefit, directly or indirectly, from transactions made after the date shown above.

I believe that sales drafts, telephone/mail orders, or applications bearing my purported signature, or the purported signature of person(s) authorized to use my Check Card/Number following the date reported above, are and will be forgeries.

By signing below, I certify to the best of my knowledge and belief, that all of the information on and attached to this affidavit is true, correct, complete, and made in good faith. I also understand that this affidavit may be provided to federal, state, and local law enforcement agencies for such action with their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation on or with this affidavit may constitute a violation of federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment or both.

The transaction identified above was not made by me or by anyone acting upon my authority or with my consent or knowledge.

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_