



Debit and Credit Card Fraud and Dispute Process

Mail: PO Box 23393, Washington, DC 20026

Fax: 202-602-6623

At EP Federal Credit Union, we're committed to keeping your financial and personal information safe and secure. Our *Zero Liability* policy ensures you won't lose money due to fraud. In the event you suspect fraud on your debit or credit card, our team is here to help you through the process. Please remember timely notice is critical. When you suspect fraud, you must notify us within two (2) business days of the date you first become aware of the transaction. Failure to notify us within two (2) business days increases your liability. ***If you do not notify us within sixty (60) days from when the transaction appeared on your statement, you may be liable for the entire amount.***

What is the difference between card fraud and disputed transactions? Disputes occur when a merchant posts a transaction erroneously. Perhaps the transaction posted for the wrong amount, or the card was charged after a canceled service, or merchandise you purchased was never received. When this happens, you can file a dispute against the merchant to resolve the claim. On the other hand, fraud is when you do not recognize, or you did not authorize the transaction.

What happens after a claim is submitted? We'll investigate your claim on your behalf and issue provisional credit to you ***within 10 business days, if applicable.*** Further information may be gathered as we investigate. We may need signed paperwork or further details about the transaction(s) we are investigating. If we need additional paperwork, we will send you a letter in the mail. Please be watchful for communication and respond as soon as possible. You may risk losing your provisional credit if you do not respond to our requests by the dates indicated in our letters. ***In addition, EPFCU reserves the right to revoke the provisional credit at any point.*** You'll receive a final letter stating the outcome of the investigation and close the case.

Should I contact the merchant? Many billing errors can be resolved by contacting the merchant directly. Should the merchant be unwilling or unable to correct the transaction, or if you do not recognize the charge, please contact member services at 202-874-3210 (option 3). ***NOTE: A pending charge cannot be disputed until it posts to your account.***

What's Zero Liability? The Zero Liability policy is our commitment to getting your money back when you're a victim of fraud. We'll investigate your fraud claim on your behalf and issue provisional credit to you. The Zero Liability policy only covers transactions that have been confirmed by EP Federal Credit Union as fraudulent.

May I keep my current card? In cases that involve billing errors with authorized merchants, your current card will remain open. In cases of fraudulent or unrecognized charges, your card will be blocked immediately. We will issue a new card and pin number to prevent further unauthorized charges to your account.

How long does the dispute process take? The dispute process may take between 60 to 90 days. If the dispute is found in your favor, you will receive a letter indicating that the case is closed, and the provisional credit will remain in your account permanently. If the merchant responds with supporting evidence that the charge was legitimate, we will reverse your provisional credit and send you a letter letting you know the outcome.

Notification of Fraudulent Transaction

Account Information

Name: _____

Card Number: _____

Card Type: ATM Debit Credit

Member Number: _____

Street Address: _____

City, State & Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Date Fraud Reported: ____ / ____ / ____

Date of First Fraudulent Transaction: ____ / ____ / ____

Dispute Reason

The transaction(s) was Unauthorized. *No one authorized to use this account signed or participated in the transaction(s). My card was (CHECK one of the following choices below):

- Card still in my possession New or Reissue Card never received
 Card Lost on: ____ / ____ / ____ Card Stolen on: ____ / ____ / ____ Card & PIN kept together? Yes No

If Yes, please describe: _____

I previously authorized another party permission to use my card Yes No

If Yes, please detail including names and dates: _____

Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1. ____ / ____ / ____	_____	_____
2. ____ / ____ / ____	_____	_____
3. ____ / ____ / ____	_____	_____
4. ____ / ____ / ____	_____	_____
5. ____ / ____ / ____	_____	_____
6. ____ / ____ / ____	_____	_____
7. ____ / ____ / ____	_____	_____
8. ____ / ____ / ____	_____	_____
9. ____ / ____ / ____	_____	_____
10. ____ / ____ / ____	_____	_____

I certify that the charge(s) above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify that the foregoing is true and correct.

Cardholder Signature: _____ Date: _____

For Credit Union Use Only

Associate Name	Teller	Date ____ / ____ / ____	Card Blocked <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Blocked ____ / ____ / ____	CS Associate Teller	Date ____ / ____ / ____
----------------	--------	----------------------------	--	------------------------------------	---------------------	----------------------------

Cardholder Certification of Fraudulent Activity

Card #:

--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--

Cardholder Name: (please print)

First: _____ Last: _____

Unauthorized (I am positive I did not make this transaction)
I did not authorize the charge(s), or authorize anyone else to make the charge(s). I give my permission for my card to be blocked and for a new account number to be issued to me if necessary.

At the time of the fraudulent transaction(s) occurred, my card was (check one):
 In my possession Not in my possession

I give my consent to the credit union to release any information regarding my card/and or card account to any local, state and/or federal 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. Further, I understand I may be required to comply with a court order of subpoena to give testimony. I swear this dispute is true and understand that making a false sworn statement is subject to federal and/or state statues and may be punishable by fines and/or by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete, or misleading information commits a crime.

Cardholder
Signature: _____ Date: _____

Multiple Dispute Listing

Name:

Card Number:

Transaction Information

Transaction Date	Merchant Name	Dollar Amount
11. ____ / ____ / ____	_____	_____
12. ____ / ____ / ____	_____	_____
13. ____ / ____ / ____	_____	_____
14. ____ / ____ / ____	_____	_____
15. ____ / ____ / ____	_____	_____
16. ____ / ____ / ____	_____	_____
17. ____ / ____ / ____	_____	_____
18. ____ / ____ / ____	_____	_____
19. ____ / ____ / ____	_____	_____
20. ____ / ____ / ____	_____	_____
21. ____ / ____ / ____	_____	_____
22. ____ / ____ / ____	_____	_____
23. ____ / ____ / ____	_____	_____
24. ____ / ____ / ____	_____	_____
25. ____ / ____ / ____	_____	_____
26. ____ / ____ / ____	_____	_____
27. ____ / ____ / ____	_____	_____
28. ____ / ____ / ____	_____	_____
29. ____ / ____ / ____	_____	_____
30. ____ / ____ / ____	_____	_____

I certify that the charge(s) above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify that the foregoing is true and correct.

Cardholder Signature: _____ Date: _____