Cardholder Disputed / Unauthorized EFTs Form

Rivertrust Federal Credit Union
PO Box 97997
Pearl, MS 39288
PH: 601-664-2085
www.rivertrustfcu.com

1

Name | | Account Number (if applicable) | Home Phone | Work Phone

Disputed / Unauthorized Electronic Fund Transfer Information

2

Please read **1a.** and **1b.**, check the box in front of **1a.** or **1b.** whichever is applicable, and provide the date.
Then please read and answer **2.** and **3.** (if applicable), and complete the information about the Disputed / Unauthorized EFT(s) in **4**.

☐ **1a.** I discovered the transaction(s) after my Debit Card, ATM Card or PIN was lost or stolen on: _____ Date Lost or Stolen

or

☐ **1b.** I discovered the transaction(s) on my statement, online service or by talking to a credit union employee on: _____ Date Discovered

2. Have you ever given your debit/ATM card or PIN to another person to use? ☐ Yes ☐ No If yes, please explain:

3. Do you know who may have performed the transaction(s)? ☐ Yes ☐ No If yes, please explain:

4. Please list and provide the date, amount and location of each Disputed / Unauthorized EFT.

Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description

Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description

Additional Facts, Information or Explanations about the Disputed / Unauthorized EFT(s)

3

Certification & Promises by the Owner

4

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 transaction(s) identified in this statement.
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.
Promise 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 transaction(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 unauthor-ized transactions(s).

Owner Signature | Owner Signature

5

Employee Name | | Statement Date | ☐ Reviewed

