

# Visa Check Card Regulation E Chargeback Request



Heritage Valley Federal Credit Union  
2400 Pleasant Valley Rd, PO Box 3617  
York, PA 17402-0617

Participant ID: \_\_\_\_\_ Participant Name: Heritage Valley Federal Credit Union  
Contact Name: \_\_\_\_\_ Phone Number & Extension: 717-840-4981  
Date: \_\_\_\_\_ Policy/Bond Number: CUB602810710

Account Number: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

I Requested the Card  Yes  No

To the best of my knowledge at the time the fraudulent transaction(s) occurred, my card was:

Lost  Stolen  In my possession

I learned of the fraud on approximately \_\_\_\_\_. I reported my Card lost/stolen on \_\_\_\_\_.

I did not make nor authorize the charge(s), or authorize anyone else to make the charge(s). I did not receive any benefit from the transaction(s) listed on the following page(s).

I complete this Chargeback Request Form for the purpose of establishing the fraudulent use of my Visa Debit Card.

Reason for Dispute: \_\_\_\_\_

Description of Dispute: (Provide details, if necessary, on a separate sheet)

- I did not authorize the fraudulent transactions listed below.
- Additional documentation is attached to this dispute form  Yes  No

