

Claim Number
Credit Union
Bond Number

## Dispute of Fraudulent Use of a Credit Card, Debit Card, or ATM Card

### Cardholder Information

Cardholders Name _____		Home Phone _____	Work Phone _____
Mailing address _____	Street _____	City _____	State _____ Zip _____
Number of Cards Issued _____	Card Number _____	Was law enforcement Notified? _____	
Type of Card Debit _____ Credit _____ ATM Card _____ Visa _____ Master Card _____ Other _____ (_____)	At the time of the Fraudulent transactions, my card was:  _____ In my possession                      _____ Lost Card _____ Never Received in the mail                      _____ Stolen Card _____ Fraudulent Application                      _____ Counterfeit _____ Mail/Telephone Order/Internet Fraud	Police report Number and Agency  #: _____  Agency: _____	
Date Cardholder Discovered Loss _____	Date Cardholder Reported Loss to Credit Union/Processor _____	Date of First Fraudulent Transaction _____	

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM Card(s).
- I did not give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized on the back of this page or an attached page(s)): \$ \_\_\_\_\_ (Only Notarize Form if Total is greater than \$250)

Name and Address of unauthorized User (if known) \_\_\_\_\_

**Please provide details (if necessary) on a separate sheet**

### -----Signatures-----

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and federal law enforcement agency so that 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. I swear the Cardholder Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.

YES  NO      THE ABOVE CARD WAS REQUESTED BY ME.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Co-Signer \_\_\_\_\_

STATE OF \_\_\_\_\_ Subscribed and sworn to be before this \_\_\_\_\_ day of

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

