



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	At the time of the Fraudulent transactions, my card was:	Police report Number and Agency	
Debit ____	____ In my possession ____ Lost Card	#: _____	
Credit ____	____ Never Received in the mail ____ Stolen Card	Agency: _____	
ATM Card ____	____ Fraudulent Application ____ Counterfeit		
Visa ____	____ Mail/Telephone Order/Internet Fraud		
Master Card ____			
Other ____ (_____)			
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)

FIRST PEOPLES COMMUNITY FCU
Unauthorized Transactions (Attachment to Cardholder Dispute Form)

NAME _____
 CARD # _____
 ACCOUNT # _____

Amount	Date Paid	Payee/Merchant
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
Total \$ of Unauthorized Transactions	\$	

DATE(S) YOU ATTEMPTED TO CONTACT MERCHANT(S):	
WHAT WAS THE OUTCOME, PLEASE BE SPECIFIC:	
DISPUTE REASON(S) (PLEASE BE SPECIFIC):	