

Claim Number
Credit Union
Bond Number

<h2 style="text-align: center;">Dispute of Fraudulent Use</h2> <h3 style="text-align: center;">of a Credit Card, Debit Card, or ATM Card</h3>		
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: <div style="display: flex; justify-content: space-between;"> <div> _____ in my possession _____ Never Received in the mail _____ Fraudulent Application _____ Mail/Telephone Order/Internet Fraud </div> <div> _____ Lost Card _____ Stolen Card _____ Counterfeit </div> </div>	Police report Number and Agency #: _____ Agency: _____
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction
<ul style="list-style-type: none"> • 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)): \$ _____		

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.	
Signed _____	Date _____
Co-Signer _____	

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

