



|                 |
|-----------------|
| CLAIM NUMBER    |
| CONTRACT NUMBER |

## Cardholder Dispute Form

### Fraudulent Use of a Credit or Debit Card

Credit Card   
  Debit Check Card   
  ATM

I make this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/debit card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children 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 card.

|      |                   |                   |
|------|-------------------|-------------------|
| Name | Home Phone<br>( ) | Work Phone<br>( ) |
|------|-------------------|-------------------|

|                 |         |      |       |     |
|-----------------|---------|------|-------|-----|
| Mailing Address | .Street | City | State | Zip |
|-----------------|---------|------|-------|-----|

|                     |                   |             |   |
|---------------------|-------------------|-------------|---|
| No. of Cards Issued | Credit Union Name | Card Number | Type of Card Loss:<br><input type="checkbox"/> Lost <input type="checkbox"/> Stolen<br><input type="checkbox"/> Never Received <input type="checkbox"/> Card in my possession |
|---------------------|-------------------|-------------|---|

|                                 |   |                                      |
|---------------------------------|---|--------------------------------------|
| Date Cardholder Discovered Loss | Date Cardholder Reported Loss to Credit Union Processor | Date of First Fraudulent Transaction |
|---------------------------------|---|--------------------------------------|

I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or counterfeited.

Total amount of unauthorized transactions: \$ \_\_\_\_\_

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 any of the proceeds or benefits of any such item(s) on the above total.

|  |   |
|--|---|
| Name and Address of Unauthorized User (if known) | Has this loss been reported to police department? |
|--|---|

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

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the 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 this 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 fines and/or imprisonment.

Yes   
  No   
 THE ABOVE CARD WAS REQUESTED BY ME.

STATE OF \_\_\_\_\_

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

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Co-Applicant/Authorized Signature

\_\_\_\_\_  
Date