



CARDHOLDER DISPUTE FORM

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

Member #:		
Cardholder Information		
Cardholder Name:	Home Phone:	Work Phone:
Mailing Address:		
City:	State:	Zip Code:
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number:	Number of Cards Issued:
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Never Received <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	Was Law Enforcement Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Cardholder Discovered Loss:	Date Cardholder Reported Loss to Credit Union/Processor:	Date of First Fraudulent Transaction:
Requesting for new card to be issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		

- 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 on an attached page): \$: _____

Please provide details on a separate sheet (if necessary)

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.

Signatures

Member Signature:	Date:
Co-Applicant / Authorized Signer Signature:	Date:

