



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

Credit Card                     
  ATM Card                     
  Debit Card

### CARDHOLDER INFORMATION

I make this dispute for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my Credit/ATM//Debit to anyone nor 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 that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my Credit/ATM/Debit card.

Cardholder / Members Name(s) \_\_\_\_\_

No. of Cards Issued \_\_\_\_\_

Date Loss Discovered	Card Account Number	Type of card loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In my possession at all times when fraud occurred
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<b>LIST UNAUTHORIZED CREDIT/ATM/DEBIT TRANSACTIONS BELOW</b>	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction
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**(A system screen print of the transactions can be provided as an attachment instead of listing them below)**

Transaction Number	Date	Amount	Transaction Number	Date	Amount

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

Please provide details (if necessary) on a separate sheet

Has this loss been reported to police department? <input type="checkbox"/> Yes <input type="checkbox"/> No Authority contacted _____ Address _____ Phone (    ) _____
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### 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/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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit 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 by imprisonment.**

**NOTICE:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature \_\_\_\_\_

Co-Applicant/Authorized Signer \_\_\_\_\_