



# Cardholder Dispute

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  
 Lost     Stolen     Never Received  
 In my possession at all times when fraud occurred

**LIST UNAUTHORIZED CREDIT/ATM/DEBIT TRANSACTIONS BELOW**      Date Loss Reported to Credit Union      Date of First Fraudulent Transaction

**(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?  
 Yes       No  
 Authority contacted \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_

## 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 \_\_\_\_\_

## Card Fraud Questionnaire

1. Person filing report: \_\_\_\_\_
2. Is your  ATM Card or  Debit Card in your possession?     Yes     No
  - a. Was the card:     Lost     Stolen
  - b. Was your identification stolen?     Yes     No
  - c. Describe how card was lost/stolen: \_\_\_\_\_  
\_\_\_\_\_
3. When did you notice the card missing? \_\_\_\_\_
4. When did you notice the unauthorized charges? \_\_\_\_\_
5. Where was your PIN number written down? \_\_\_\_\_
6. Please list your last valid ATM/Debit Card transactions:  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant Name: \_\_\_\_\_
7. Who else has access to your account? \_\_\_\_\_
  - a. What is their relation to you? \_\_\_\_\_
  - b. Why did they have access? \_\_\_\_\_
8. Have you ever given your card/PIN to anyone?     Yes     No    *If yes: who, when, and why?*  
\_\_\_\_\_
9. Do you know who may have used your card? *If yes:*  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Why do you suspect them? \_\_\_\_\_
10. Have you previously had fraud on your account?     Yes     No    *If yes, describe the situation(s):*  
\_\_\_\_\_
11. Police report filed?     Yes     No    *\*If no, we may request you file a police report to assist with our investigation.*  
Police Report #: \_\_\_\_\_ Precinct: \_\_\_\_\_  
City & State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thank you for providing this important information, which will help us investigate your claim.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_