

Notification of Fraudulent Transaction

Cardholder Name: _____

Card Number:

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1. Dispute Reason/Elaboration

At the time of the transaction(s), please indicate status of card (*Please check one*):

- Card Lost Date card was Lost ___/___/___
- Card Stolen Date card was Stolen ___/___/___
- Card still in Accountholder's possession.
- New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected? Yes No

Issuer certifies Cardholder denies authorizing or participating in the disputed transaction. No one authorized to use this account signed for or participated in the transaction(s).

2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1. ___/___/___	_____	_____
2. ___/___/___	_____	_____
3. ___/___/___	_____	_____
4. ___/___/___	_____	_____
5. ___/___/___	_____	_____
6. ___/___/___	_____	_____
7. ___/___/___	_____	_____
8. ___/___/___	_____	_____
9. ___/___/___	_____	_____
10. ___/___/___	_____	_____

Cardholder Signature

Date

Multiple Dispute Listing

Cardholder Name: _____

Card Number: - - -

2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
11. ___/___/___	_____	_____
12. ___/___/___	_____	_____
13. ___/___/___	_____	_____
14. ___/___/___	_____	_____
15. ___/___/___	_____	_____
16. ___/___/___	_____	_____
17. ___/___/___	_____	_____
18. ___/___/___	_____	_____
19. ___/___/___	_____	_____
20. ___/___/___	_____	_____
21. ___/___/___	_____	_____
22. ___/___/___	_____	_____
23. ___/___/___	_____	_____
24. ___/___/___	_____	_____
25. ___/___/___	_____	_____

Cardholder Signature

Date



Claim Number
Credit Union
Bond Number

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

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: <input type="checkbox"/> in my possession <input type="checkbox"/> Lost Card <input type="checkbox"/> Never Received in the mail <input type="checkbox"/> Stolen Card <input type="checkbox"/> Fraudulent Application <input type="checkbox"/> Counterfeit <input type="checkbox"/> Mail/Telephone Order/Internet Fraud	Police report Number and Agency # : _____ Agency: _____
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction

- 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 eth 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 he 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 statues and may be punishable by fine and/or imprisonment.

Signed _____ Date _____
Co-Signer _____

