

Cardholder Dispute Form Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Cardholder Information		
Cardholder Name	Home Phone	Work Phone
Mailing Address	Street	City State Zip
Card Number	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"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Card Discovered Lost	Date Card Reported Lost to Credit Union	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 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 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): \$ _____

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/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 statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Member Signature Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

State of California
 County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____,
 by _____, proved to me on the basis of satisfactory evidence to be the person(s)
 who appeared before me.

Notary Public Signature

Notary Public Seal

