

Claim Number
Credit Union
Contract Number

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
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"/> Lost <input type="checkbox"/> Never Received <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	

- 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): \$ _____

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

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____, _____

Member's Signature

Date

(Notary Public)

Co-Applicant/Authorized Signer

Date

FRAUDULENT TRANSACTION DISPUTE FORM

Name: _____

Visa card number: _____

I certify that my Visa card was:

- Lost (0)
- Stolen (1)
- Card not received (2)
- Counterfeit (4)
- Fraudulent use of card (6)

and the following transactions were not made by me or anyone authorized to use my Visa card.

1. Date: _____ Amount: _____ Merchant: _____
2. Date: _____ Amount: _____ Merchant: _____
3. Date: _____ Amount: _____ Merchant: _____
4. Date: _____ Amount: _____ Merchant: _____
5. Date: _____ Amount: _____ Merchant: _____
6. Date: _____ Amount: _____ Merchant: _____
7. Date: _____ Amount: _____ Merchant: _____
8. Date: _____ Amount: _____ Merchant: _____
9. Date: _____ Amount: _____ Merchant: _____
10. Date: _____ Amount: _____ Merchant: _____
11. Date: _____ Amount: _____ Merchant: _____
12. Date: _____ Amount: _____ Merchant: _____
13. Date: _____ Amount: _____ Merchant: _____
14. Date: _____ Amount: _____ Merchant: _____
15. Date: _____ Amount: _____ Merchant: _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.

Cardholder signature

Date

Institution use only:

As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s).

In addition we certify the following information: Issuer certifies account was closed ___/___/___ Issuer certifies fraud was reported on DPS VROL ___/___/___ Issuer certifies account was placed on the Exception File, with a pickup code on ___/___/___.

Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

Additional Fraud:

16. Date: _____ Amount: _____ Merchant: _____

17. Date: _____ Amount: _____ Merchant: _____

18. Date: _____ Amount: _____ Merchant: _____

19. Date: _____ Amount: _____ Merchant: _____

20. Date: _____ Amount: _____ Merchant: _____

21. Date: _____ Amount: _____ Merchant: _____

22. Date: _____ Amount: _____ Merchant: _____

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43. Date: _____ Amount: _____ Merchant: _____

44. Date: _____ Amount: _____ Merchant: _____

45. Date: _____ Amount: _____ Merchant: _____

Additional Fraud:

46. Date: _____ Amount: _____ Merchant: _____

47. Date: _____ Amount: _____ Merchant: _____

48. Date: _____ Amount: _____ Merchant: _____

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74. Date: _____ Amount: _____ Merchant: _____

75. Date: _____ Amount: _____ Merchant: _____