

## 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: ____Yes ____No	Card Number	Number of Cards Issued	
Type of Card: ____Debit Card ____ATM Card	At the Time of the Fraudulent Transactions, my Card was: ____In My Possession      ____Lost ____Never Received      ____Stolen	Was law enforcement notified? ____Yes ____No	
Date Cardholder Discovered Loss:	Date Cardholder Reported Loss to Credit Union:	Date of First Fraudulent Transaction:	
<ul style="list-style-type: none"> <li>I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).</li> <li>I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).</li> <li>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.</li> <li>I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).</li> <li>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.</li> <li>I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.</li> <li>Further, I did not receive proceeds or benefits from any of those transactions.</li> </ul>			
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)			
<b>Please provide details (if necessary) on a separate sheet.</b>			
<b>Signatures</b>			
<p>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.</p>			
STATE OF _____		COUNTY OF _____	
Subscribed and sworn to before me this			
_____ day of _____, 20____.			
		Member's Signature	Date
		Co-Applicant/Authorized Signer	Date
(Notary Public)			

Unauthorized Transactions		
Date of Transaction	\$ Amount of Transaction	Merchant Name
	Total \$ of Unauthorized Transactions:	
	\$ _____	

# Questionnaire

## Card

Do you have possession of the card that the transactions occurred on? \_\_\_\_\_

If you do not have the card in your possession, when did you notice it was missing? \_\_\_\_\_

Do you know who may have taken your card? \_\_\_\_\_

## Memberships or Free Trials

Have you recently signed up for a free trial or discounted membership for any products or service provided by an online vendor recently? \_\_\_\_\_

If Yes to above, have you contacted the company directly to try to receive a refund from them? If Yes what was their response? \_\_\_\_\_

## Online Orders

Have you placed an order online from the vendor of the transactions you are disputing? \_\_\_\_\_

Did you receive the product from the vendor? \_\_\_\_\_

Have you contacted the vendor to find out the whereabouts of the product you ordered? \_\_\_\_\_

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