

# Cardholder Fraud/Dispute Form

Affidavit of Fraudulent use of a Debit Card

## Cardholder Information

Name on Card \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

|  |                             |   |  |                             |                           |
|--|-----------------------------|---|--|-----------------------------|---------------------------|
| I requested this card<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Last 4 Digits on card _____ | Number of cards issued with this number _____ | Type of Card<br><input type="checkbox"/> Debit<br><input type="checkbox"/> | Date Fraud Discovered _____ | Date Fraud Reported _____ |
|--|-----------------------------|---|--|-----------------------------|---------------------------|

|  |  |  |   |   |
|--|--|--|---|---|
| At the time of the fraudulent activity, my card was:<br><input type="checkbox"/> In my possession<br><input type="checkbox"/> Lost | <input type="checkbox"/> Stolen<br><input type="checkbox"/> Never Received | Was Law Enforcement notified?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | \$ _____<br>Total Amount of Fraudulent Transactions | _____<br>Date of First Fraudulent Transaction |
|--|--|--|---|---|

Name and Address of unauthorized user (if known) \_\_\_\_\_

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.

I agree to the following:

- I completed this Cardholder Dispute form for the purpose of establishing the fraudulent use of my Debit 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 transactions on or after the date of the first fraudulent transaction indicated below.
- I did not receive any benefit from the unauthorized use of my Debit card(s)
- I did not use my card nor authorize 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

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 that document.

State of California

County of \_\_\_\_\_

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

## Notary not required

Notary Public Signature \_\_\_\_\_

Notary Public Seal \_\_\_\_\_

Complete if member filed a police report:

Case # \_\_\_\_\_ City, Precinct \_\_\_\_\_ Officer's Name \_\_\_\_\_

Please Report Fraudulent Transactions on Next Page



## Member's Fraud Dispute Statement / Dispute Statement Form

Member's signature \_\_\_\_\_

Date \_\_\_\_\_