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|-----------------|
| Claim Number |
| Contract Number |

Cardholder Dispute Form

Fraudulent Use of a Credit or Debit Card

Credit Card
 Debit Check Card
 ATM

MEMBER INFORMATION

I make this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/debit card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children 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 card.

| | | | |
|---------------------------------|---|--------------------------------------|---|
| Name | | Home Phone () | Work Phone () |
| Mailing Address | Street | City | State Zip |
| No. of Cards Issued | Credit Union Name | Card Number | Type of Card Loss: <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen <input type="checkbox"/> Card in my possession |
| Date Cardholder Discovered Loss | Date Cardholder Reported Loss to Credit Union/Processor | Date of First Fraudulent Transaction | |

I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or counterfeited.

Total amount of unauthorized transactions: \$ _____

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 any of the proceeds or benefits of any such item(s) on the above total.

| | |
|--|---|
| Name and Address of Unauthorized User (if known) | Has this loss been reported to police department? |
|--|---|

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.

YES NO **THE ABOVE CARD WAS REQUESTED BY ME.**

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____, _____.

_____ Member's Signature _____ Date

_____ (Notary Public) _____ Co-Applicant/Authorized Signature _____ Date