

Cardholder Dispute Form (PIN Based)

Date	_____	Account	_____
Cardholder Name	_____	Daytime Phone	_____
Cardholder Address	_____	Evening Phone	_____
Merchant Name	_____	Amount	_____
Card Number	_____	Transaction Date	_____

At the time of the fraudulent transactions, my card was:

In my possession Lost Stolen Never received

Was law enforcement notified:

Yes No Police report number if applicable: _____

Date cardholder discovered loss: ___/___/___

Date cardholder reported loss to credit union: ___/___/___

- I complete this cardholder dispute form for the purpose of establishing the fraudulent use of my Credit / Debit / ATM card.
- I did not give, sell, or trade my card to anyone nor did I give anyone permission to use my card.
- I have no knowledge that my spouse or children made any transaction 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.
- 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.

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, _____ (cardholder), being duly sworn according to law, deposes and states that he/she resides at _____ (address) and that ATM/POS transaction dated ___/___/___

in the amount of \$_____ was made without his/her knowledge or consent. Cardholder further states that he/she never received any benefit from, or any value or consideration for said transaction, nor any part of any proceeds thereof.

Cardholder Signature: _____

Date: ___/___/___

Printed Name: _____

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public