

CARDHOLDER LETTER
Fraudulent Use of Debit Card or ATM Card



Please complete all sections that apply. Provide as much detail as possible.

When did you notice the unauthorized/fraudulent transactions on your account?

Was your PIN kept with the card or written on it? Or does anyone else know your PIN?

Is there anyone you suspect may have used your card?

If the transactions were done online (usually identified with phone numbers in the description in your account history), have you contacted the merchant to notify them of fraud and request a refund?

****You must attempt to contact the merchant for resolution prior to completing this form****

Other Comments:

Cardholder Signature _____ Date _____

CARDHOLDER DISPUTE FORM (FRAUD)

Fraudulent Use of a Debit Card or ATM Card



Cardholder Information

Member Number:	Best Contact Phone Number:	Email:
Cardholder Name:	Card Number:	
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 If yes, Case # _____ District _____	
Date card was noticed lost/stolen or compromised:	Date Card Loss was reported to the Credit Union:	Date of first fraudulent transaction:

Check ALL that apply:

- I am completing 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 or proceeds 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.

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.

Cardholder Signature _____ Date _____

UNAUTHORIZED TRANSACTIONS



Date of Transaction	Merchant Name/ ATM Location	\$ Amount Dispute

Total Unauthorized Transactions: \$

Cardholder Signature _____ Date _____