



Claim Number
Credit Union
Contract Number

Affidavit		
Fraudulent Use of a Credit Card, Debit Card, or ATM Card		
Cardholder Information		
Cardholders Name	Home Phone	Work Phone
Mailing address	Street	City State Zip
Number of Cards Issued	Card Number	Was law enforcement Notified?
Type of Card	At the time of the Fraudulent transactions, my card was:	Police report Number and Agency
Debit <input type="checkbox"/>	<input type="checkbox"/> in my possession <input type="checkbox"/> Lost Card	#: _____
Credit <input type="checkbox"/>	<input type="checkbox"/> Never Received in the mail <input type="checkbox"/> Stolen Card	Agency: _____
ATM Card <input type="checkbox"/>	<input type="checkbox"/> Fraudulent Application <input type="checkbox"/> Counterfeit	
Visa <input type="checkbox"/>	<input type="checkbox"/> Mail/Telephone Order/Internet Fraud	
Master Card <input type="checkbox"/>		
Other <input type="checkbox"/> (_____)		
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction
<ul style="list-style-type: none"> I complete 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 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. Further, I did not receive proceeds or benefits from any of those transactions. 		
Total amount of unauthorized transactions (itemized on the back of this page or an attached page(s)): \$ _____		
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 federal law enforcement agency so that 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 the Cardholder Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statues and may be punishable by fine and/or imprisonment.		
Signed	Date	