

Claim Number
Credit Union <b>IBEW &amp; United Workers FCU</b>
Contract Number <b>136-0134-4</b>

## Cardholder Dispute Form

### Fraudulent Use of a Credit Card, Debit Card, or ATM Card

#### Cardholder Information

Cardholder Name		Home Phone ( ) ( )	Work Phone ( ) ( )
Mailing Address	Street	City	State Zip
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	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	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- 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 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.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Member's Signature

Date

(Notary Public)

Co-Applicant/Authorized Signer

Date