

Fraudulent Transaction Dispute Form

Name: _____

Card number: _____

I certify that my credit/debit card was:

- lost
- stolen
- otherwise compromised (the card is still in my possession)

The following transactions are fraudulent and were not made by me or anyone authorized to use my credit/debit card.

1. Date: _____ Amount: _____ Merchant: _____
2. Date: _____ Amount: _____ Merchant: _____
3. Date: _____ Amount: _____ Merchant: _____
4. Date: _____ Amount: _____ Merchant: _____
5. Date: _____ Amount: _____ Merchant: _____
6. Date: _____ Amount: _____ Merchant: _____
7. Date: _____ Amount: _____ Merchant: _____
8. Date: _____ Amount: _____ Merchant: _____
9. Date: _____ Amount: _____ Merchant: _____
10. Date: _____ Amount: _____ Merchant: _____
11. Date: _____ Amount: _____ Merchant: _____
12. Date: _____ Amount: _____ Merchant: _____
13. Date: _____ Amount: _____ Merchant: _____
14. Date: _____ Amount: _____ Merchant: _____
15. Date: _____ Amount: _____ Merchant: _____
16. Date: _____ Amount: _____ Merchant: _____
17. Date: _____ Amount: _____ Merchant: _____
18. Date: _____ Amount: _____ Merchant: _____
19. Date: _____ Amount: _____ Merchant: _____
20. Date: _____ Amount: _____ Merchant: _____

Cardholder signature

Date

For Institution use only: Account was hot-carded and blocked in the US region , International region or both
on _____.

AFFIDAVIT
Fraudulent Use of a Credit or Debit Card

Member Information

I, make this affidavit 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 above. I did not receive any benefit from the unauthorized use of my credit/debit card.

Mailing Address:

| | | | |
|---------------------|--|-----------------|--|
| Name | | Street | |
| Home Phone # | | City | |
| Work Phone # | | State | |
| Cell # | | Zip Code | |

| | |
|----------------------------|--|
| No. of Cards Issued | |
| Credit Union Name | |
| Card Account No. | |

| | |
|---|--|
| Type of Card Lost/Stolen | |
| Date Discovered | |
| Date Reported to Credit Union | |
| Date of First Fraudulent Transaction | |

LIST UNAUTHORIZED ATM (DEBIT) CARD TRANSACTIONS BELOW:

| Merchant Name | Date | Amount |
|---------------|------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Has this loss been reported to the Police Department? **Yes** **No**

Name and Address of Unauthorized User (if Known):

| | | | |
|---------------------|--|---------------------|-----------------|
| Name | | Street | |
| City | | State | Zip Code |
| Home Phone # | | Work Phone # | Cell # |

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 or any person(s) who may be responsible for fraud involving my card and/or card account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statues and may be punishable by fines and/or by imprisonment.

STATE OF _____

Signature

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20____

(NOTARY PUBLIC)