



Claim Number
Credit Union
Bond 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 Debit <input type="checkbox"/> Credit <input type="checkbox"/> ATM Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Other <input type="checkbox"/> ( )	At the time of the Fraudulent transaction, my card was: <input type="checkbox"/> in my possession <input type="checkbox"/> Lost Card <input type="checkbox"/> Never received in the mail <input type="checkbox"/> Stolen Card <input type="checkbox"/> Fraudulent Application <input type="checkbox"/> Counterfeit <input type="checkbox"/> Mail/Telephone Order/Internet Fraud	Police report Number and Agency #: _____  Agency: _____	
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(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 statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Co-Signer \_\_\_\_\_

	Unauthorized Transactions	
Date of Transaction	\$ Amount of Transaction	Merchant Name
	Total \$ of Unauthorized Transactions: \$ _____	