

## Fraud Dispute Cover Form

### Cardholder Information

Member Number	Cardholder Name		
Card Number	Number of Cards Issued		
At the time of the Fraudulent Transactions, my Card was:		Is there a 1-800 # listed with the transaction? Yes / No	Was law enforcement notified?
<input type="checkbox"/> In My Possession	<input type="checkbox"/> Lost	Was the merchant contacted? Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Never Received	<input type="checkbox"/> Stolen		
Date Cardholder Discovered Loss: _____	Date Cardholder Reported Loss to Credit Union/Processor: _____	Date of First Fraudulent Transaction: _____	

### Give Detail Explanation of Occurrence


### Selecting the Correct Fraud Form

Fraud Transaction Dispute Form: form used for "**Fraud**" transactions. For example, if cardholder claims they never used their card at the location, then use this form.

Cardholder Dispute Form: form used for "**Non**" Fraud transactions. For example, if cardholder states they were at the location and the amount charged was incorrect, then use this form.

### Disclosure

- I complete this Fraud Dispute Cover 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 or 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 items listed on the 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 Fraud Dispute Cover 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.

Primary Signature	Date	Joint Signature (if applicable)	Date
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Employee Name	Operator #	Branch #
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