



## **Unauthorized Cardholder Statement of Disputed Items**

I make this dispute for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my ATM//Debit to anyone nor 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 that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my Credit/ATM/Debit card.

**Card Number:** \_\_\_\_\_

Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____

### **REQUIRED INFORMATION:**

1) Name and address of unauthorized user (if known): \_\_\_\_\_

2) Has the loss been reported to the police department? \_\_\_\_ Yes \_\_\_\_ No

Authority contacted: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Police Report #: \_\_\_\_\_

3) I am disputing the above charges due to the following reason (check only **one** reason):

\_\_\_\_\_ I have not authorized or participated in this transaction in any way. My card has not been out of my possession.

\_\_\_\_\_ I have not, nor has anyone authorized by me, engaged in this transaction.

My card was lost on (date): \_\_\_\_\_

My card was stolen on (date): \_\_\_\_\_

\_\_\_\_\_ I have participated in one transaction at the merchant location, but NOT the transaction listed. I, or someone authorized by me, was in possession and control of all cards at the time of the transaction. The authorized transaction amount was \$ \_\_\_\_\_ on (date) \_\_\_\_\_.

4) Please provide specific details regarding the dispute below or on a separate sheet of paper if needed.

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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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this dispute 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 by imprisonment.

**NOTICE:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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