

Claim Number
Credit Union
Contract Number

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 _____, _____

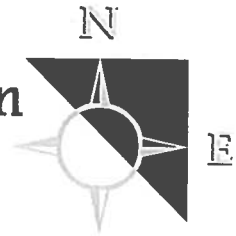
_____ Member's Signature Date

_____ (Notary Public)

_____ Co-Applicant/Authorized Signer Date

Northeast Family Federal Credit Union

AFFIDAVIT



ATM/Debit Card Disputes

Indicate the discrepancy on your account and the circumstances involved. Please be very specific and please include any and receipts you may have.

Statement: _____

As a result, I am requesting an adjustment to the below account in the amount of \$_____. I will, if called upon, substantiate this statement by appearing as a witness at any court or tribunal having jurisdiction of such matters.

NOTE: The Credit Union will process a Chargeback on your behalf and a credit will be posted to your account. The merchant/financial institution has the right to **dispute** the credit. In such cases the Credit Union will **debit** your account. Please see your account disclosure for further information on your rights and responsibilities.

Name: _____

Account Number: _____

Card Number: _____

Signature: _____ Date: _____

CREDIT UNION USE ONLY

Credited/Debited by: _____ Date: _____

Entered to SAP: _____ Date: _____

Debit or Credit was received on: _____ Via: _____