SARATOGA'S COMMUNITY Federal Credit Union

Cardholder Dispute Form

AFFIDAVIT- Fraudulent Use of a Debit Card CUNA Mutual Group

Fields with **BOLD** labels are **REQUIRED**

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 debit card 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 the date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my debit card.

_____ _____ _____

Name **Primary Phone** **Alternate Phone**

_____ _____ _____

Mailing Address- Street City State, Zip

_____ _____

Today's Date **Debit Card Number (16 digits)**

Type of card loss: _____ Lost _____Stolen _____ Never Received _____ In my possession at all times when fraud occurred

_____ _____ _____

Date Loss Discovered **Date Loss Reported to SCFCU** **Date of First Fraudulent Transaction**

List Unauthorized Credit Card/ATM/Check Card Transactions Below

Merchant Name	Date	Amount	Merchant Name	Date	Amount

_____ _____ _____

Name and Address of Unauthorized User (if known)

Has this loss been reported to a police department? _____ Yes _____ No Please provide details (if necessary) on a separate sheet.

_____ _____ _____

Authority contacted Address Phone number

The merchant may be willing to refund your transaction directly if you contact them. In most cases, this is a required first step before filing a formal dispute. Please detail the efforts you have made to contact the merchant:

Contact Type: ____Phone ____Email ____Standard Mail Merchant Phone Number/Address _____

Merchant Response: _____

_____

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 affidavit 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. I understand my card will be suspended upon submission of this form and a new card will be issued.

State of _____

County of _____

Subscribed and sworn to before me this

_____Day of_____20___

_____

Notary Public

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's Signature

_____

Co-Applicant/Authorized Signer

For Office Use Only

Has a new card been ordered? _____ Yes _____ No Employee Initials _____ Date_____