



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.

State of _____
County of _____
Subscribed and sworn to before me this
____ Day of _____ 20__

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.

Notary Public

Member's Signature

Co-Applicant/Authorized Signer