NIZARI

CARDHOLDER DISPUTE FORM

Fraudulent Use of a Credit Card, Debit Card, or ATM Card

CARDHOLDER INFORMATION

NAME ON CARD	HOME PHONE	WORK PHONE
MAILING ADDRESS	CITY	STATE / ZIP CODE
Signed the Card? ☐ Yes ☐ No	Card Number	Number of Cards Issued
Type of Card: ☐ Credit Card ☐ Debit Card ☐ ATM Card	At the time of the fraudulent transaction, my card was: ☐ In My Possession ☐ Never Received ☐ Lost ☐ Stolen	Was law enforcement notified? ☐ Yes ☐ No
ATM Machine Issue: ☐ Yes ☐ No	Amount Requested	Amount Received
Date Cardholder discovered loss	Date Cardholder Reported loss to Credit Union/Processor	Date first fraudulent transaction

- 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).
- 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.
- 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 these transactions.

Total amount of unauthorized transactions (listed on the back of this page or on an attached page): $ _____

Name and Address of Merchant(s) Involved (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 Signature — Date

(Notary Public) — Co-Applicant/Authorized Signer — Date