NIZARI
PROGRESSIVE FEDERAL CREDIT UNION

CARDHOLDER DISPUTE FORM

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

CARDHOLDER INFORMATION

CARHOLDER NAME	HOME PHONE	WORK PHONE

MAILING ADDRESS	CITY	STATE	ZIP CODE

I Requested the Card: ☐ Yes ☐ No	Card Number	Number of Cards Issued

Type of Card	At the time of the Fraudulent Transactions, my card was:	Was law enforcement notified?
☐ Credit Card ☐ Debit Card ☐ ATM Card	☐ In My Possession ☐ Never Received ☐ Lost ☐ Stolen	☐ Yes ☐ No

ATM Machine Issue ☐ Yes ☐ No	Amount Requested:	Amount Disbursed:

Date Cardholder discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date 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 _____, _____

_____
Members Signature Date

_____
(Notary Public)

_____
Co-Applicant/Authorized Signer Date