



CARDHOLDER DISPUTE FORM

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

CARDHOLDER INFORMATION				
NAME (PRINT NAME)		ID (PRINT ID NO.)		MOBILE (PRINT NO.)
ADDRESS (PRINT)		CITY	STATE	ZIP CODE
Registered for Card ☐ Yes ☐ No	Card Number		Member of Cardholder	
Type of Card ☐ Credit Card ☐ Debit Card ☐ ATM Card		Is the item of the fraudulent transaction, my card was ☐ In My Possession ☐ Never Received Card		Transaction statement verified? ☐ Yes ☐ No
ATM Machine Issue ☐ Yes ☐ No		Amount Reported		Amount Disputed
Date Cardholder Reported Issue		Date Cardholder Reported Issue (Credit Card/Debit Card)		Date First Fraudulent Transaction
I, the undersigned, hereby certify that: • I completed 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 benefits from the unauthorized use of my Credit/Debit/ATM card(s). • I did not use my card nor authorized the use of my card(s) anyone else after I discovered the unauthorized use of my card. • I have reported all of the unauthorized transactions and in each instance I did not sign the transaction nor authorized it. • Further, I did not receive proceeds or benefits from any of these transactions.				
Total amount of unauthorized transactions (indicated 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 potential offender(s) responsible for fraud involving my card and/or card account. I agree 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.				
CARD OF _____ CARDHOLD OF _____ CREDIT UNION (PRINT NAME OF CREDIT UNION) _____				
DATE OF _____		Member's Signature _____ Date _____		
(Return to NCU)		On Applicant's Authorized Signer _____ Date _____		