



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

CARDHOLDER DISPUTE FORM

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

CARDHOLDER INFORMATION

CARDHOLDER NAME		HOME PHONE	WORK PHONE
MAILING ADDRESS		CITY	STATE ZIP CODE
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number		Number of Cards Issued
Type of Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the time of the Fraudulent Transactions, my card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Never Received <input type="checkbox"/> Lost <input type="checkbox"/> Stolen		Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
ATM Machine Issue <input type="checkbox"/> Yes <input type="checkbox"/> 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 authorized 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 authorized 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

Co-Applicant/Authorized Signer Date

(Notary Public)

SECTION FOUR – PHISHING OR SMISHING

Phishing is an email scheme where thieves attempt to entice customers to give out their personal account information. **Smishing** is a text message scheme used to obtain personal account information.

NOTE: It is important that you report to Nizari Progressive Federal Credit Union if you received and responded to a Phishing or Smishing scheme. This will not change the outcome of your claim; however, for Security purposes it is recommended you visit a branch office to complete a transfer of account to prevent further losses.

Have you received and responded to a Phishing email or Smishing text message?	Phishing <input type="checkbox"/> Yes <input type="checkbox"/> No Smishing <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, list the company name that sent it and provide a copy of the Phishing email. (if available)	Company Name: <i>(if known)</i>
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SECTION FIVE – SIGNATURE and DATE

Signature (required)	Date
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SECTION SIX – SUBMISSION OF COMPLETED FORMS

Return completed form and all supporting documents to:

Nizari Progressive Federal Credit Union
Attn: Operations Department
14090 Southwest Freeway Suite# 260
Sugar Land, TX 77478

For Internal Use Only

Received By: _____ Date: _____
(Branch)

Received By: _____ Date: _____
(Corp)