

## Notification of Fraudulent Transaction

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

### 1. Dispute Reason/Elaboration

At the time of the transaction(s), please indicate status of card (*Please check one*):

Card Lost                      Date card was Lost      \_\_\_\_\_

Card Stolen                      Date card was Stolen      \_\_\_\_\_

Card still in Accountholder's possession.

New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected?     Yes             No

**Issuer certifies Cardholder denies authorizing or participating in the disputed transaction. No one authorized to use this account signed for or participated in the transaction(s).**

### 2. Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

I, submit this notice for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my ATM/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 that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my ATM/Debit Card.

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 persecution 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 statement 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 by imprisonment.

**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.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

**Notification of Fraudulent Transaction**

**Written Statement**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_