



Cardholder Fraud Dispute Instructions and Checklist

IMPORTANT INFORMATION

DO NOT INCLUDE ANY ActorsFCU FEES (inquiry, transfer, or overdraft) on any of the following forms. Including these fees will invalidate the forms and delay the processing of your dispute. These fees will be reimbursed separately. Fraud disputes on transactions posted (not pending) to your account must be submitted within 75 days from date the transaction occurred. Once this time has passed, ActorsFCU has no chargeback rights and does not have the ability or option to dispute these transactions.

Please complete and check off ALL of the following items:

- Block Compromised Card:** Contact Card Member Security at 888.241.2440 (in U.S.) or 909.941.1034 (outside of U.S.) OR Contact Member Services at 212.869.8926, Option 6 (Monday to Friday, 9a.m. to 8p.m. Eastern Time).
- Complete the following forms:**
 - **Affidavit** - Complete the enclosed "Affidavit of Fraudulent Use of a Credit Card, ATM, or Debit Card" and have the form notarized by a U.S. Notary. Please contact your local branch for availability of a "fee-free" Notary Public.
 - **Written Statement** - Complete the enclosed "Written Statement" form with your handwritten, signed, and dated statement detailing how you became aware of these fraudulent transactions. Any and all information pertaining to these transactions will be helpful. Please note that this process does not include disputes with a known merchant to whom you provided your card information.
 - **Unauthorized Transactions** - Complete the enclosed "Unauthorized Transactions" form including all transactions you are disputing.
 - **Notification of Fraudulent Transactions** - Complete the enclosed "Notification of Fraudulent Transactions" form including all transactions you are disputing. Please note that the "Authorization" and "Settle Date" may be different. The "Authorization Date" is reflected next to the transaction description; the "Settle Date" is the date the transaction cleared your account.
- Police Report:** A police report is not required to process your dispute. However, we highly encourage you to provide ActorsFCU a clear copy of a police report if the total disputed amount is \$100 or more.
- Submit Forms to ActorsFCU:** Please note that you can submit a preliminary copy of these forms, however all the originals must be mailed to the Fraud Management Department or delivered to any branch.
 - Send copies of all of the above-referenced forms to the Fraud Department via Fax at 646.366.8092.
 - Send copies of all the above-referenced forms via Email to fraud@actorsfcu.com.
 - Mail or Drop off ORIGINALS of all of the above-referenced forms to an ActorsFCU branch or mail to: ActorsFCU c/o Fraud Department | 165 West 46th Street, 14th Floor | New York, NY 10036-2508
- Your Records:** Keep this checklist and a copy of all of the above-referenced forms for your files.
- Provisional Credit:** ActorsFCU will issue your account a provisional credit usually within FIVE to SEVEN (5-7) BUSINESS DAYS of dispute receipt by the Fraud Management Department. If any of these transactions are found to be yours, the provisional credit will be reversed and deducted from your account. You will be responsible for reimbursement to ActorsFCU.

If you have any questions, please call the Fraud Department at 212.869.8926, extension 619.

Main Office
165 West 46th Street, 14th Flr
New York, NY 10036

Local 802
322 West 48th Street, 4th Flr
New York, NY 10036

Chicago
557 West Randolph Street, 1st Flr
Chicago, IL 60661

Los Angeles
5757 Wilshire Boulevard, Ste 655
Los Angeles, CA 90036

North Hollywood
5636 Tujunga Ave, Ste 102
North Hollywood, CA 91601

AFFIDAVIT

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

Credit Card ATM Card Check Card

MEMBER INFORMATION

I, make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/ATM/check 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 credit/ATM/check card.

Name	Home Phone ()	Work Phone ()
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Mailing Address – Street	City	State, Zip
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Number of Cards Issued	Card Number	Type of card loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In my possession at all times when fraud occurred
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Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction
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LIST UNAUTHORIZED CREDIT CARD/ATM/CHECK CARD TRANSACTIONS BELOW

Transaction Number	Date	Amount	Transaction Number	Date	Amount

Name and Address of Unauthorized User (if known)	Has this loss been reported to police department? <input type="checkbox"/> Yes <input type="checkbox"/> No Authority contacted _____ Address _____ Phone ()
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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 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 affidavit 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.

State of _____

County of _____

Subscribed and sworn to before me this

_____ Day of _____ 20____

Notary Public

Member's Signature

Co-Applicant/Authorized Signer

Notification of Fraudulent Transaction

Member Name: _____ Debit Card Number: _____

The transaction(s) listed below are unauthorized.* No one authorized to use this account signed for or participated in the transaction(s).

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

() Card Lost () Card Stolen DATE card was lost or stolen. M ___/___/___

() 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

Transaction Information:

Authorization Date	Settle Date	Merchant Name	Dollar Amount
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____
13) _____	_____	_____	_____
14) _____	_____	_____	_____
15) _____	_____	_____	_____

Member Signature

Date

****This form MUST be signed by the cardholder****