



## Cardholder Fraud Dispute Instructions and Checklist

### IMPORTANT NOTES

Do not include any ActorsFCU fees (inquiry, transfer, or overdraft) on any of the following forms. Including these fees will invalidate these forms and delay the processing of your dispute. These fees will be reimbursed separately by ActorsFCU.

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, 9 AM to 8 PM 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:**

- Fax all of the above-referenced forms to the Fraud Management Department at 646.366.8092.
- Drop off **ORIGINALS** of all of the above-referenced forms to an ActorsFCU branch or mail to:

**ActorsFCU c/o Fraud Management Department  
165 West 46<sup>th</sup> Street, 14<sup>th</sup> 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 submission. 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 Management Department at 212.869.8926, extension 615.**

Main Office  
165 West 46<sup>th</sup> Street, 14<sup>th</sup> Flr  
New York, NY 10036

Local 802  
322 West 48<sup>th</sup> Street, 4<sup>th</sup> Flr  
New York, NY 10036

Chicago  
557 West Randolph Street, 1<sup>st</sup> 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 (      )
Mailing Address – Street		City	State, Zip
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	
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction	

**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\*\*\*\*