

Claim Number	
Credit Union	Foothill Federal Credit Union
Contract Number	104-1616-3

## Cardholder Dispute Form

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

#### Cardholder Information

Cardholder Name	Home Phone	Work Phone
Mailing Address	Street	City State Zip
Requested the Card: _____ Yes _____ No	Card Number	Number of Cards Issued:
Type of Card: _____ Credit Card _____ Debit Card _____ ATM Card	At the Time of the Fraudulent Transactions, my Card was: _____ In My Possession _____ Lost _____ Never Received _____ Stolen	Was law enforcement notified? _____ Yes _____ No
Date Cardholder Discovered Loss:	Date Cardholder Reported Loss to Credit Union/Processor:	Date of 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 authorize 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 authorize 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 California  
County of \_\_\_\_\_  
Subscribed and sworn to (or affirmed) before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_  
Co-Applicant/Authorized Signer Date

(Notary Public)