



Claim Number
Credit Union CBC FEDERAL CREDIT UNION
Contract Number CUB6002058-10

Affidavit

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

Cardholder Information

Cardholders Name	Home Phone	Work Phone
Mailing Address	Street	City State Zip
Number of Cards Issued	Card Number	Was law enforcement Notified?
Type of Card Debit _____ Credit _____ ATM Card _____ Visa _____ Master Card _____ Other _____ (_____)	At the time of the Fraudulent transactions, my Card was: _____ in my possession _____ Lost Card _____ Never Received in the mail _____ Stolen Card _____ Fraudulent Application _____ Counterfeit _____ Mail/Telephone Order/Internet Fraud	Police report Number and Agency # _____ Agency: _____
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 an attached page(s)): _____

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 federal law enforcement agency so that 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 the 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 fine and/or imprisonment.

Signed _____

Date _____