CUNA MUTUAL GROUP

CUMIS Insurance Society, Inc.

Claim Number
Credit Union
Contract Number

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

I 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

_____ _____
(Notary Public) Co-Applicant/Authorized Signer Date

Unauthorized Transactions		
Date of Transaction	$ Amount of Transaction	Merchant Name
	Total $ of Unauthorized Transactions: $_____	