Cardholder Dispute
(Fraudulent Use of a Credit Card or Debit Card)

Cardholder Name _____ Home/Cell Phone _____ Work Phone _____

Mailing Address _____ City _____ State _____ ZIP Code _____

I requested the card: ☐ **Yes** ☐ **No**   Card Number *(Used for Unauthorized Transactions)* _____   Number of Cards Issued *(Visa® Credit Card Only)* _____

Type of card: ☐ **Debit** ☐ **Credit**   At the time of the fraudulent transactions, MY CARD WAS: ☐ **Never received** ☐ **In my possession** ☐ **Lost** ☐ **Stolen**

Was law enforcement notified? ☐ **Yes** ☐ **No**   Date Cardholder Discovered Loss _____   Date Cardholder Reported Loss to LAFCU/Processor _____

Date of First Fraudulent Transaction _____   PIN-Based Fraud: Was PIN with Card? ☐ **Yes** ☐ **No**   Have you ever been at any of the locations in dispute? ☐ **Yes** ☐ **No**

I DECLARE THE FOLLOWING:
- I completed this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit 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, authorized user, 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 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): _____

UNAUTHORIZED TRANSACTIONS

Date of Transaction	Amount of Transaction	Merchant Name

Cardholder's Signature _____ Date _____

Authorized User's Signature (Visa Credit Card Only) _____ Date _____

CREDIT UNION USE ONLY:

Teller Name & Initials: _____ Teller Number: _____ Date Received: _____

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Web-031417

Cardholder Dispute

UNAUTHORIZED TRANSACTIONS *(continued)*

Date of Transaction	Amount of Transaction	Merchant Name