



Claim Number
Credit Union
Bond Number

## 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:  <input type="checkbox"/> in my possession <input type="checkbox"/> Lost Card <input type="checkbox"/> Never Received in the mail <input type="checkbox"/> Stolen Card <input type="checkbox"/> Fraudulent Application <input type="checkbox"/> Counterfeit <input type="checkbox"/> 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 statues and may be punishable by fine and/or imprisonment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Co-Signer \_\_\_\_\_





## Electronic Funds Transfer Transaction Dispute Timeline & Disclosure Reminder

This abbreviated disclosure is designed to inform you of the timeline and provisional credit that may be issued during a disputed transaction process. This notice is an abbreviated section of a larger disclosure contained in our Membership Account Agreements and Disclosures. The full disclosures were issued at account opening. Additional copies of the full disclosure are available upon request and can also be located on our website.

### You lose your Card or PIN

- If you notify the credit union within 2 business days after you learn of the loss; maximum loss to you is \$50.
- If you fail to notify the credit union within 2 business days after you learn of the loss, and the credit union can prove that we could have stopped someone from using your card or PIN without your permission if you had told us within 2 business days, then you could lose as much as \$500.
- If your statement shows a transaction that you did not make and you fail to tell the credit union within 60 days of the credit union mailing the statement; you could lose the entire account balance.

### Error or Fraud Transactions

- If you notify the credit union within 60 days after we send you the statement on which the error appeared we will investigate the charges. You may notify us by phone; however we will require the notification in writing from you within 10 business days.
- Notification after 60 days will result in a loss suffered by you.
- If the investigation takes the credit union more than 10 business days, we will credit your account the amount you think is in error. **This is provisional credit.**
- We may take up to 45 days to investigate the error.
- In this provision, all references to 10 business days will be 20 business days if your notice of error was on a transaction(s) occurred within 30 days after the first deposit to your account was made.
- All references to 45 business days will be 90 business days if your error involves:
  - Was not initiated within a state;
  - Resulted from a POS MasterCard Debit card transaction; or
  - If your notice of error was on a transaction(s) occurred within 30 days after the first deposit to your account was made.
- We will notify you of the results from the investigation within 3 days after completing our investigation
  - **If we determine that there was no error, we will remove the provisional credit from your account, even if it takes your account to a negative balance.**
  - You do have the right to request copies of our investigation documents and to work with the merchant reporting the error or fraud directly.

By signing below, I \_\_\_\_\_, acknowledge that Credit Union of the Rockies may issue provisional credit to my account during the investigation period. I further acknowledge and understand that this provisional credit may be removed from my account pending the outcome of the investigation.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date