



Member Number
Credit Union IBMSECU
Contract Number FL #009-0944-4

Cardholder Fraud Form

Fraudulent Use of a Credit Card or Debit Card

Cardholder Information		
Cardholder Name	Home Phone	Work Phone
Mailing Address Street	City, State	Zip
I Requested the Card:	Card Number	Number of Cards Issued
Type of Card:	At the Time of the Fraudulent Transactions, my Card was:	Was law enforcement notified?
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/HSA 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.

Member's Signature

Date

Co-Applicant/Authorized Signer

Date

Unauthorized Transactions

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