CUNA MUTUAL GROUP
CUMIS Insurance Society, Inc.

Claim Number
Credit Union
Contract Number

Fraudulent Use of a 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 _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____, _____ .

_____
(Notary Public)

_____
Member's Signature   Date

_____
Co-Applicant/Authorized Signer   Date

237-CCB21 (R9/05)

**Baptist Health
South Florida
Federal Credit Union**

FRAUDULENT TRANSACTION DISPUTE FORM

After reviewing your transaction history, list all fraudulent transactions below and on the following pages if needed.

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my credit union to add those subsequent transactions to this affirmation.

Initials: _____

1. Date: _____ Amount: _____ Merchant: _____

2. Date: _____ Amount: _____ Merchant: _____

3. Date: _____ Amount: _____ Merchant: _____

4. Date: _____ Amount: _____ Merchant: _____

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18. Date: _____ Amount: _____ Merchant: _____

Total Amount: _____

19. Date: _____ Amount: _____ Merchant: _____

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75. Date: _____ Amount: _____ Merchant: _____