

HELP DESK NUMBER:

MSR/TSR:

OPERATOR:



STATEMENT OF UNAUTHORIZED CARD (PIN BASED) OR ELECTRONIC TRANSFER TRANSACTION

CARDHOLDER INFORMATION

CARDHOLDER NAME	HOME PHONE	WORK PHONE		
MAILING ADDRESS	STREET	CITY	STATE	ZIP
CARD NUMBER:	FIRSTLIGHT ACCOUNT NUMBER:	WAS THE PIN NUMBER ON THE CARD? Y N		
TYPE OF CARD: _____ CREDIT CARD _____ DEBIT CARD _____ ATM CARD	AT THE TIME OF THE FRAUDULENT TRANSACTION, MY CARD WAS: _____ IN MY POSSESSION _____ LOST _____ STOLEN	WAS LAW ENFORCEMENT NOTIFIED? Y N IF YES: _____ DEPARTMENT _____ CASE NUMBER		
DATE CARDHOLDER DISCOVERED LOSS OF CARD:	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 CARD/E-TRANSFER TRANSACTION.
- 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 NOT USED THIS VISA CHECK CARD/NUMBER FOR ANY OF THE TRANSACTIONS SINCE THE ABOVE DATE. I HAVE NOT AUTHORIZED **ANYONE** ELSE, ORALLY OR IN WRITING, NOR HAVE I GIVEN CONSENT or DO I HAVE KNOWLEDGE OF IMPLIED CONSENT, TO USE OR HAVE POSSESSION OF SAID VISA CHECK CARD/NUMBER.
- I DID NOT RECEIVE ANY BENEFIT FROM THE UNAUTHORIZED USE OF MY CARD(S) OR E-TRANSFER TRANSACTION.
- 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 THESE TRANSACTIONS.

TOTAL AMOUNT OF UNAUTHORIZED TRANSACTIONS; ITEMIZED ON THE NEXT PAGE: \$ _____

PLEASE PROVIDE DETAILS (IF NECESSARY) ON A SEPERATE SHEET.

SIGNATURES

THE TRANSACTION(S) IDENTIFIED WERE NOT MADE BY ME OR BY ANYONE ACTING UPON MY AUTHORITY OR WITH CONSENT OF KNOWLEDGE.

- I HAVE NO KNOWLEDGE OF THE IDENTITY OR WHEREABOUTS OF THE PERSON(S) USING THE CARD.
- I CAN IDENTIFY THE SUSPECT AS: NAME _____, ADDRESS _____, PHONE _____, AND RELATIONSHIP _____

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. **THIS STATEMENT IS TRUE AND UNDERSTAND THAT MAKING A FALSE STATEMENT IS SUBJECT TO FEDERAL AND/OR STATE STATUTES AND MAY BE PUNISHABLE BY FINES AND/OR IMPRISONMENT**

MEMBER'S SIGNATURE

DATE



FRAUDULENT TRANSACTION DISPUTE FORM

NAME: _____ CARD NUMBER: _____

I CERTIFY THAT MY ATM/DEBIT/CREDIT CARD WAS:

LOST STOLEN CARD IS IN MY POSSESSION

THE FOLLOWING TRANSACTIONS WERE NOT MADE BY ME OR ANYONE AUTHORIZED TO USE MY CARD.

1. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
2. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
3. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
4. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
5. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
6. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
7. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
8. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
9. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____
10. DATE: _____ AMOUNT: _____ MERCHANT/METHOD: _____

ADDITIONAL INFORMATION:

CARDHOLDER SIGNATURE

DATE