

Claim Number
Credit Union
Contract Number

Cardholder Dispute Form

Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Cardholder Information

Cardholder Name		Home Phone () ()	Work Phone () ()
Mailing Address	Street	City	State Zip
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____, _____

Member's Signature

Date

(Notary Public)

Co-Applicant/Authorized Signer

Date

DATANAVIDATOR
MasterCard - Cardholder Statement of Disputed Items

Card Number: _____

Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____
Tran Date: _____	Tran Amount \$ _____	Merchant: _____

REQUIRED INFORMATION:

I am disputing the above charges due to the following reason (check only one reason):

_____ I have not, nor has anyone authorized by me engaged in this transaction.
My card was lost on (date): _____
My card was stolen on (date): _____

_____ I have not authorized or participated in this transaction in any way. My card has not been out of my possession.

_____ I have participated in one transaction at the merchant location, but NOT the transaction listed. I, or someone authorized by me was in possession and control of all cards at the time of the transaction. The authorized transaction amount was \$ _____ on (date) _____.

Please provide specific details below or on a separate sheet of paper if needed.

Signature : _____ Date: _____

Financial Institution Contact:

Name: Michael Hoffman

Phone #: 516-822-1070, 0, 225

Please send this form along with any other documentation required to the Chargeback Dispute Center.

You may fax the dispute to 516-977-8433.
Or mail to: NY TEAM Federal Credit Union
Att: Chargeback Dispute
65 Broadway Hicksville, NY 11801