



Dispute of Fraudulent Use of Debit Card

For security purposes, please return this form in person or by mail. Do not send it by email.

I am providing written confirmation to dispute the fraudulent use of my card. I did not give, sell or trade my Debit card to anyone nor give anyone permission to use my card(s), I have no knowledge that my spouse or children (minor or otherwise) made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my Debit card.

Credit Union Member Number: _____

Debit Card Number: _____

Cardholder Name: _____

Cardholder Address: _____

Home Telephone #: _____ Work Telephone #: _____ Cell #: _____

Type of Loss: Lost Never received in the mail Merchandise/goods not received/service not rendered
 Stolen Account number used fraudulently/debit card was in my possession

Date Loss Reported to Credit Union: _____ Date of First Fraudulent Transaction: _____

I did not make or authorize the following transactions:

Merchant	Date	Amount

Name and Address of Unauthorized User, if known: _____

Was a Police Report Filed? YES NO If yes, Report #: _____

Authority Contacted: _____

Address: _____

Phone Number: _____

I give my consent to Beach Municipal FCU to release my 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 the fraud involving my card and/or card account. Further, I understand that I may be required to comply with a court order or subpoena to give testimony. I swear this dispute 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.

By signing below, I certify all information is true and correct to the best of my knowledge. I further acknowledge that any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Cardholder's signature _____ Date _____

Employee's signature: _____ Date _____