



Educational & Governmental

EMPLOYEES FEDERAL CREDIT UNION

333 North Central Avenue • Second Floor • Hartsdale, New York 10530 • Phone: (914) 946-6200 • Fax: (914) 946-2910
Branch Office: 22 West 1st Street • Room 311 • Mt. Vernon, New York 10550 • Phone: (914) 664-2646 • Fax: (914) 664-7991

Cardholder Dispute Form

Fraudulent Use of a Credit, Debit or ATM Card
(Sign before a Notary Public or E&G Employees FCU Employee)

Claim #:
Contract#:

Cardholder Information

Cardholder Name:	Home Phone	Work
Street Address	City	State Zip
I requested the Card	Yes No	Card# # of Cards Issued
Type of Card	Credit Card	At the time of the Fraudulent Transaction(s) my card was:
	Debit Card	In My Possession Lost
	ATM Card	Never Received Stolen
Was law enforcement notified?	Yes No	Date Cardholder Discovered Loss
Date Cardholder Reported Loss to Credit Union		Date of 1 st 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.
- 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 a separate sheet.

Name & Address of Unauthorized User (if known)

Street Address	City	State	Zip
----------------	------	-------	-----

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.

Sworn to me before on State Of:
County Of:

Notary's (or E&G Employee's) Signature

Member's Signature

Co-Applicant/Authorized Signer

