ATM/Debit Card Fraud Dispute Form

For Fraud Transactions Only

Please complete this dispute form regarding your inquiry on your debit card. You must complete all areas marked as required (*), and include all supporting documentation. All disputes must be received within 60 days after we sent the first statement on which the charges appear. Upon receipt of this completed form, we will take the necessary action to resolve this dispute and will correspond with you in writing. Please complete and sign this form using blue or black ink only.

(Please Print Clearly)

Cardholder Information*

Debit Card Number: _________________________________________________________

Cardholder Name: __________________________________________________________________

Cardholder Address: ______________________________________________________________

Cardholder Telephone Number: ______________________________________________________

The cardholder is required to make a good faith attempt to resolve the issue directly with the merchant.

[ ] Card Lost [ ] Card Stolen [ ] Card in My Possession

Write a summary of how your card or card information was lost, stolen, or compromised below*:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Transaction Information*

I neither authorized nor participated in the following transactions (if additional space is needed, please attach separate sheet of paper):

<table>
<thead>
<tr>
<th>Date of Transaction</th>
<th>Merchant Name</th>
<th>$ Amount</th>
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Total Dollar Amount of all items = $__________________________
Was the Fraud dispute for PIN based transaction(s) (ATM, POS)?  

☐ Yes  ☐ No

If yes, please complete the following:

1. How was the PIN number compromised/obtained?  (Use additional paper if needed.)
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________

2. Was the card in your possession at the time the transaction(s) was/were made?
   
   ☐ Yes  ☐ No

3. If the card was NOT in your possession, when did you notice that it was missing?
   
   ________________________________________________________________
   
   ________________________________________________________________

4. Do you know who may have made these transactions? If so, please provide the name of the person believed to be responsible.
   
   ________________________________________________________________
   
   ________________________________________________________________

5. If Eagle One FCU is able to get pictures from the transaction(s), are you willing to sign an Affidavit of Fact stating that the individual pictured is the named individual in Question 4? Or that you do not know the individual in the picture?
   
   ☐ Yes  ☐ No

6. Did you file a police report?  
   
   ☐ Yes  ☐ No

   If the total amount is over $500, a police report is preferred to be included as supporting documentation.

In the event additional charges are identified subsequent of the completion of this affirmation, Eagle One FCU has the authority to add subsequent transactions to this affirmation.

Member Signature: ____________________________________________________________________ Date: ______________

Credit Union Use Only

Received by: _____________________________ Date: _____________________________

Branch: _________________________________ Processing Manager: _______________________

☐ Card blocked- Hot/Stolen
☐ New card request submitted
☐ Valid photo ID scanned into NS