



Cardholder Dispute Form

Complete and sign this form and return to Cheney Federal Credit Union, PO Box 160, Cheney, WA 99004 within 60 days of statement date showing fraudulent transactions.

Name: _____ Debit Card Number: _____

Address: _____

Email: _____ Phone #: _____ Member #: _____

I certify that my Debit card was: (Select One)

- Lost
- Stolen
- Card Not Received
- Counterfeit

Institution Use Only:

Fraud Date Cardholder Noticed Loss: _____ Date Reported to CU: _____

The following transactions were not made by me or anyone authorized to use my debit card:

- 1 Date: _____ Amount: _____ Merchant: _____
- 2 Date: _____ Amount: _____ Merchant: _____
- 3 Date: _____ Amount: _____ Merchant: _____
- 4 Date: _____ Amount: _____ Merchant: _____
- 5 Date: _____ Amount: _____ Merchant: _____
- 6 Date: _____ Amount: _____ Merchant: _____
- 7 Date: _____ Amount: _____ Merchant: _____

I didn't receive merchandise or services I expected on (Date): _____

A detailed description of the merchandise or services purchased: _____

- I have completed the Cardholder Dispute form in order to certify the unauthorized and fraudulent use of my 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(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 the unauthorized transactions.

I understand that Cheney Federal Credit Union may request a police report under certain circumstances and agree to provide one should it be necessary.

I give my consent to Cheney Federal 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 account. I hereby swear this Cardholder Dispute Form is true and correct to the best of my knowledge 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.

Cardholder Signature

Date