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MEMBER NO. _____

AFFIDAVIT			
FRAUDULENT USE OF A CREDIT CARD, DEBIT CARD, OR ATM CARD			
CARDHOLDER INFORMATION			
CARDHOLDER'S NAME		HOME PHONE	WORK PHONE
MAILING ADDRESS:	STREET	CITY	STATE ZIP
NUMBER OF CARDS ISSUED	CARD NUMBER		
TYPE OF CARD	AT THE TIME OF THE FRAUDULENT TRANSACTIONS, MY CARD WAS:		DATE CARDHOLDER DISCOVERED LOSS
<input type="checkbox"/> Debit <input type="checkbox"/> Credit <input type="checkbox"/> ATM	<input type="checkbox"/> In my possession <input type="checkbox"/> Lost Card <input type="checkbox"/> Never received in the mail <input type="checkbox"/> Stolen Card <input type="checkbox"/> Fraudulent application <input type="checkbox"/> Counterfeit <input type="checkbox"/> Mail/Telephone Order/Internet Fraud		DATE CARDHOLDER REPORTED LOSS TO CREDIT UNION
DATE OF FIRST FRAUDULENT TRANSACTION			
WAS LAW ENFORCEMENT NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE REPORT NUMBER		AGENCY
<ul style="list-style-type: none"> 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. <p>Total amount of unauthorized transactions (itemized on the back of this page or an attached page(s)): \$ _____</p>			
NAME AND ADDRESS OF UNAUTHORIZED USER (if known). If necessary, please provide details on a separate sheet.			
SIGNATURE			
<p>I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and federal law enforcement agency so that 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 the 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 fine and/or imprisonment.</p>			
CARDHOLDER SIGNATURE		DATE	
For Credit Union Use Only			
COMMENTS:		DATE RECEIVED	
		CREDIT OFFICER	

