



P.O. Box 1087  
 San Bruno, CA 94066  
 800.222.1391  
 Members\_Info@thepolicecu.org  
 www.thepolicecu.org

## Cardholder Dispute Form

Member Services: 800.222.1391 • www.thepolicecu.org

Form may be returned by fax to 415.242.6574

### Notification of Fraudulent Use of a Debit or ATM Card

Cardholder Name:	Member Number:
Card Number:	Email Address:
Primary Phone:	Work Phone:

Full Address:

City:	State:	Zip:
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Type of Card:  Debit Card  ATM Card

Date of Loss:  Lost  Stolen  Never Received

Date loss reported to the Credit Union: In my possession at all times when fraud occurred:

Has this loss been reported to the Police Dept?  Yes  No

Agency contacted (A police report may be required): Report Number:

- I am completing this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Debit or ATM Card(s).
- I did not give, sell or trade my card(s) to anyone nor did I give permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transactions on or after the date of the first fraudulent transaction indicated below.
- I did not participate in the transaction(s) with merchant(s) prior to filing this dispute.
- 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 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 on my Debit/ATM Card(s).
- I understand that the Debit/ATM or Card on which the fraud occurred must be closed immediately upon The Police Credit Union's receipt of this form. I will advise any merchants with automatic billing or recurring charges that are attached to this card.

**Transaction Information: Transaction must be posted and not in pending status; do not include fees.**

Posting Date	Merchant Name/Terminal Location	Amount

If additional space is needed, please list on a separate sheet provided. Total Claim \$:

