



P.O. Box 127  
 Bethpage, NY 11714  
 Attn: Operations & Risk

Phone: (800)628-7070  
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Claim Number
State and Contract Number <b>031-1850-4</b>

## Notification of Fraudulent Transaction

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

Debit Card     ATM Card

MEMBER INFORMATION			
I, complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Debit/ATM card. I did not give, sell or trade my Debit/ATM card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children 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 Debit/ATM card. I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.			
Cardholder Name	Home Phone (    )	Work Phone (    )	
Mailing Address/ Street	City	State	Zip
Credit Union Name: Bethpage Federal Credit Union	Card Number	Type of Transaction <input type="checkbox"/> Signature <input type="checkbox"/> PIN	At the Time of the Fraudulent Transactions, my card was: <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen <input type="checkbox"/> My Possession
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union Processor	Date of First Fraudulent Transaction	
I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost or stolen.			
Total amount of unauthorized transactions: \$ _____			
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 any of the proceeds or benefits of any such items(s) on the above total.			
Name and Address of Unauthorized User (if known)	Has this loss been reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Dept: _____ Report Number: _____	
<b>Please provide details (if necessary) on a separate sheet.</b>			
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.			

\_\_\_ Yes \_\_\_ No    **THE ABOVE CARD WAS REQUESTED BY ME**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Notary Public

Submitted by: \_\_\_\_\_

Manager's Initials: \_\_\_\_\_

**Notification of Fraudulent Transaction**

Name: \_\_\_\_\_

Card number: \_\_\_\_\_

I certify that my debit card was:

- Lost
- Stolen
- Card still in accountholder's possession

Date card was lost or stolen. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M    D    Y

The following transactions are fraudulent and were not made by me or anyone authorized to use my debit/ATM 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: \_\_\_\_\_
- 8. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 9. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 10. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 11. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 12. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 13. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 14. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 15. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 16. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 17. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 18. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_
- 19. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

\_\_\_\_\_   
 Cardholder signature

\_\_\_\_\_   
 Date

**For Institution use only:** Account was hot-carded and blocked in the US region , International region  or both

on \_\_\_\_\_.