

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

Phone: (800) 628-7070
Fax: (866) 349-8995

Notification of Fraudulent Transaction

Fraudulent Use of a Debit Card or ATM Card only

Debit Card ATM Card

Branch Employee: _____

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		Best Contact Number		Email Address	
Mailing Address/Street		City		State	Zip Code
Card Number & Expiration Date <small>Exp.</small>	Type of Transaction <input type="checkbox"/> Signature <input type="checkbox"/> PIN	At the Time of Fraudulent Transactions, card was: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen		How were you notified of Fraudulent Transactions? <input type="checkbox"/> CardNav <input type="checkbox"/> Online Banking	
		<input type="checkbox"/> Never Received <input type="checkbox"/> My Possession		<input type="checkbox"/> Bethpage Security <input type="checkbox"/> Account Statements	
Date Cardholder Discovered Loss		Date Cardholder Reported Loss to CU 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)	Reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report Information Police Dept: Report Number:
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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.

Member's Signature

Date


(Below for Operations & Risk Use Only)

Credit Union Employee Comments (if necessary, please provide further details on a separate sheet):

_____ Fraud Employee	
_____ Email Address	
_____ Phone Number	_____ Fax Number
Chip Transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Term Chip Enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Card Blocked? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No	

You can set the terms for when, where and how your cards are used - anytime, anywhere.

Control your debit card use and spending - in real time - via smartphone or tablet.



- Use GPS to control transactions within a designated location.
- Limit card use to specific merchants or purchases.
- Control spending by setting limits to match your budget.
- Receive real-time, in-app card-use notifications and spending-limit alerts.

Download the CardNavSM by Co-Op app for FREE today in the Apple Store or Google Play.

