

Bethpage Federal Credit Union  
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 OLD BETHPAGE, NY 11804

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## Notification of Fraudulent Transaction

### Fraudulent Use of a CREDIT CARD only

Credit Card

#### MEMBER INFORMATION

I, complete this Card Member Dispute Form for the purpose of establishing the fraudulent use of my Credit Card. I did not give, sell or trade my Credit 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 Credit Card. I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.

Card Member Name		Best Contact Number		Email Address	
Mailing Address/Street		City		State	Zip Code
Card Number & Expiration Date  Exp.	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 <input type="checkbox"/> Never Received <input type="checkbox"/> My Possession		How were you notified of Fraudulent Transactions? <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Bethpage Card Security <input type="checkbox"/> Online Banking <input type="checkbox"/> Account Statements	
Date Cardholder Discovered Loss		Date Cardholder Reported Loss to Card Member Services		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?	Police Report Information
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Dept: Report Number:

#### 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 Card Member 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

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

