

Debit Card ___ ATM Card

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

Submitted by:_

Claim Number

State and Contract Number 031-1850-4

Manager's Initials:_

Phone: (800)628-7070 Fax: (516)871-8110

Notification of Fraudulent Transaction Fraudulent Use of a Debit Card or ATM Card only

MEMBER INFORMATION									
WEWDEN INFORMATION									
or mi be	complete this Cardholder Disp trade my Debit/ATM card to a nor children made any transac nefit from the unauthorized us d not originate the transaction	nyone nor di ction(s) on o e of my Deb	d I give a r after the oit/ATM ca	nyone peri date of the	mission to use my e first fraudulent t	y card(ransac	s). I have no knowle ction indicated below	edge that my spouse or v. I did not receive any	
Cardholder Name			Home Phone				Work Phone		
			()				()		
Mailing Address / Otross			City			State		Zip	
Mailing Address/ Street			City			State		Ζίρ	
	Credit Union Name: Bethpage Federal Credit Union	Card Number			Type of Transac Signature PIN	ction	At the Time of the Fraudulent Transactions, my card was: Lost Never Received Stolen My Possession		
Da	ate Cardholder Discovered	Date Cardholder Reported Loss to			ss to Credit Union)	Date of First Fraudulent Transaction		
Lo	SS	Processor							
1.0	id not use this card nor author	ize the use	of this car	d by anyor	ne else after I disc	covere	d the plastic card wa	as lost or stolen	
' ~	ia not doc tino oara noi adtiroi	120 1110 000	or uno oai	a by arryor	no oloo altor i alo	501010	a the plactic cara we		
To	tal amount of unauthorized tra	insactions:	\$						
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					ed F	Police Dept:			
			to the police?			·			
			Yes No		No	F	Report Number:		
		Please	provide		necessary) on a	separ	ate sheet.		
					NATURES				
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. YesNoTHE ABOVE CARD WAS REQUESTED BY ME									
ST	ATE OF				Yes r	NO II	HE ABOVE CARD V	WAS REQUESTED BY ME	
C	DUNTY OF								
Subscribed and sworn to before me this									
	day of	, 20							
·				Member's Signature					
	Noton: Dublic								
Notary Public									

Notification of Fraudulent Transaction

Card	I certify that my d Lost Stolen	lebit card was:	
	Date card was los	st or stolen//	_
1.	_		not made by me or anyone authorized to use my debit/ATM card Merchant:
2.		Amount:	
3.			Merchant:
3. 4.		Amount:	
5.			Merchant:
6.		Amount:	
7.		Amount:	
8.		Amount:	
9.		Amount:	
			Merchant:
			Merchant:
		Amount:	
			Merchant:
	Cardholder signature		 Date

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