



CARDHOLDER DISPUTE FORM & AFFIDAVIT

Form can be submitted by: **(FRAUD)**
 - Visiting one of our branches
 - Through our Online Banking Message Center - Transaction Dispute option
 - Dispute Fax # 415.680.1641
 - Mail form to: 3201 California Street, San Francisco, CA 94118

For Fraudulent Use Of A Debit/Atm Or Credit Card

Transactions must be disputed within 60 days from the Statement Date. If you have any questions or concerns, you may contact us by phone at 415.674.4800 or toll-free at 1.888.499.FIRE(3473); via live web chat Monday - Saturday 7:00AM - 8:00PM (Pacific Time).

Cardholder Name		Member Number	
Card Number		Email Address	
Primary Phone		Work Phone	
Mailing Address			
City	State	Zip	

Debit/ATM **Credit** **Type of Card Loss:**

Date of loss: _____ **Lost** **Stolen** **Never Received**

Date loss reported to CU: _____ **In my possession at all times when fraud occurred**

- Initial:**
- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Debit/ATM or Credit 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 or Credit Card(s).
 - I understand that the Debit/ATM or Credit Card on which the fraud occurred must be closed immediately upon San Francisco Fire 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	Credit Union Use Only

If additional space is needed, please list on a separate sheet of paper, sign and attach. **Total Claim \$** _____

Explain the circumstances surrounding fraud: If it's ATM fraud, please tell us how your PIN is compromised.

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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit 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.

Cardholder's Signature: _____ **Date:** _____