

**Section I: TYPE OF CARD USED FOR Fraudulent Transaction(s)**

(Choose one)  Credit Card  Debit Card  ATM Card

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Section II: Member Information**

Name	Cell Phone	Home Phone	Acct. Number
Mailing Address (Street)	City	State, Zip	E-mail Address

**Section III: Please mark ALL boxes that apply to dispute and complete pertinent information**

- Lost
- Stolen
- Never Received
- In my possession at all times when fraud occurred
- Never applied for
- Unauthorized transaction(s)
- I gave my permission at least once to someone other than those listed on my account to make a purchase and / or withdraw cash. List all names: \_\_\_\_\_

Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction
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**Section IV: List Fraudulent Transaction(s) Below**

Transaction Date	Amount	Merchant / Location

**Section V: Please provide any other information pertaining to your dispute below or on a separate sheet**


**Section VI: Signatures**

I make this Affidavit for the purpose of establishing a dispute, or the use of my card. I have never given, sold or traded my Credit/ATM/Debit information or card to anyone nor given anyone permission to use my card(s). I have no knowledge that my spouse, children, or any other family member(s) made any transaction(s) on or after the date of the first disputed transaction indicated above. I did not receive any benefit from the transaction(s) I am disputing. 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 Agencies, including private investigation firms, so that the information can, if necessary, be used in the investigation of the dispute, and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand UCFCU may ask merchants for copies of video/pictures taken within their establishment to help identify the person(s) performing fraudulent transactions using my information and that I may be required to comply with a court order or subpoena to give testimony. By signing below, I certify under penalty of perjury 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.

**NOTICE:** Any person who knowingly and with intent to injure, defraud, or deceive United Catholics FCU or any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime. PLEASE BE AWARE United Catholics FCU utilizes Local, State and Federal Law Enforcement Agencies to investigate/punish all those who attempt to defraud the credit union and/or its Insurance Companies, to the fullest extent of the law.

Member Signature	Member Print Name	Date
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**You must return all receipts and printouts applicable to this dispute along with your completed Dispute Affidavit to:  
United Catholics FCU • 160 E College Street, Covina, CA 91723**

Office Use:

Date Loss Reported to CU: _____	To: _____	
Date Form Submitted to CU: _____	To: _____	
Provisional Credit Given? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____	Amount: \$ _____
Compromised Card Blocked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____	By: _____
New Card Ordered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____	By: _____
Submitted to CO-OP? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____	By: _____
Submitted to ProSight: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____	By: _____

DATE	NOTES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____