



CARDHOLDER STATEMENT OF DISPUTED ITEMS
Fraudulent Use of a Debit / ATM Card, Credit Card or HELOC

Cardholder Information

Cardholder Name	Home Phone ()	Work Phone ()
Mailing Address	Street	City State Zip
Credit Union Account Number	Card Type: <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card (No Network Logo) <input type="checkbox"/> Credit Card <input type="checkbox"/> HELOC Card Was Law Enforcement Notified? <input type="checkbox"/> Yes Report # _____ <input type="checkbox"/> No Police Dept _____	Card Number
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No		At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession* <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Never Received * Please surrender card(s) to AFCU with this form
Date Cardholder Discovered Loss ____/____/____	Date Loss Reported to Credit Union/Processor ____/____/____	Date of First Fraudulent Transaction ____/____/____

- ✓ I am completing this form for the purpose of making a claim for the fraudulent use of my Debit/ATM card, Credit or HELOC card.
- ✓ I did not give, sell, or trade my card(s), or card number, or PIN to anyone.
- ✓ Neither I, nor anyone authorized to use my card, received any proceeds or benefits as a result of any transactions named herein.
- ✓ I did not use my card, nor did I authorize the use of my card by anyone else, after discovering the unauthorized use of my card.
- ✓ I understand that I cannot legally make this claim if I have ever allowed, or authorized another person(s) to use my card and this person(s) is responsible for the transactions named herein, even if the amount exceeds what I authorized; unless I have notified you of such authorization and requested you to prohibit any use of my card by such person(s) prior to the date of the transactions.

Additional Cardholder Statement and/or Details:

Please provide any additional details (if necessary) on a separate sheet.

Posting Date	Transaction Date	Amount	Merchant Name
		\$	

		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Total dollar amount of disputed transactions: \$ 0.00

Signatures(s)

Your signature(s) on this form certifies that all the information provided is true and complete and accurately represents your claim. You hereby authorize American First to verify the information provided and investigate your claim accordingly. You agree to cooperate and assist American First Credit Union with their investigation in every way. You give your consent to American First Credit Union to release any information regarding your 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 the unauthorized use of your card and/or card account.

NOTE; ONCE YOUR CLAIM IS RECEIVED AND PROCESSED IN OUR FRAUD DEPARTMENT YOUR CARD WILL BE RESTRICTED, AND YOU WILL NOT BE ABLE TO USE IT.

CONTACT US TO ORDER A REPLACEMENT CARD, OR VISIT ONE OF OUR BRANCHES.

Primary Cardholder's Signature	Date	Joint Cardholder's Signature	Date
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Card Fraud Claim 04/08/2025

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