Notification of Fraudulent Transaction

Cardholder Name:_____**Account #**_____

Card Number:_____

Dispute Reason/Elaboration

At the time of the transaction(s), please indicate status of card *(Please check one)*:

☐   Card Lost   Date card was Lost _____/_____/_____

☐   Card Stolen   Date card was Stolen_____/_____/_____

☐   Card still in Accountholder's possession.

☐   New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected? ☐ Yes ☐ No

☐ **Issuer certifies Cardholder denies authorizing or participating in the disputed transaction.**

No one authorized to use this account signed for or participated in the transaction(s).

Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1. _____/_____/_____	_____	_____
2. _____/_____/_____	_____	_____
3. _____/_____/_____	_____	_____
4. _____/_____/_____	_____	_____
5. _____/_____/_____	_____	_____
6. _____/_____/_____	_____	_____
7. _____/_____/_____	_____	_____
8. _____/_____/_____	_____	_____
9. _____/_____/_____	_____	_____
10._____/_____/_____	_____	_____

Transaction Information Continued

Transaction Date	Merchant Name	Dollar Amount
11.____/____/____	_____	_____
12.____/____/____	_____	_____
13.____/____/____	_____	_____
14.____/____/____	_____	_____
15.____/____/____	_____	_____

Police report Filed: ☐ **Yes** ☐ **No**

If yes, Date:_____   **Report # _____**

Cardholder Signature: _____   **Date:**_____

I make this affidavit for the purpose of establishing the fraudulent use of my ATM or VISA Debit Card, Password, or ACH Account Access. I did not give, sell, or trade my ATM/Debit Card, Password or Account Access to anyone, nor did I give anyone permission to use my ATM/Debit Card, Password or Account access. I have no knowledge that my spouse or children (Minor or Adult) made any transaction (s) on or before the date of the first fraudulent transaction(s) indicated above. I did not receive any benefits from the unauthorized use of my ATM/Debit Card, Password, or ACH Account Access.

Cardholder Signature: _____   **Date:**_____

I give my consent to UPS Employees Federal Credit Union to release and information regarding my card and/or account to local, state and /or federal law enforcement agency so that the information can, if necessary, to be used in the investigation and /or prosecution of any person(s) who may be responsible for fraud involving my card and /or account. By signing below I agree to testify in court of law that the forgoing is true and correct. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statues and may be punishable by fines or imprisonment.

Cardholder Signature: _____   **Date:**_____

Form 1 (2013)