



Burbank Community
Federal Credit Union

Dear Member,

We understand that experiencing fraud is an inconvenience and maybe overwhelming. Rest assured we are here to help you through this process and will answer any questions you may have. The Credit Union wants to refund your money as soon as possible. In order to do so please follow the enclosed instructions:

1. A Cardholder Disputed Item Statement for a Visa credit card or Visa debit card or an ATM Transaction Dispute Investigation Form must be completed.
2. A Cardholder Dispute Form for fraudulent use of a Visa credit card, Visa debit card or ATM card must be filled out completely and **must be notarized**.
3. A police report must be filed in the city you live in. Take a copy of the notarized Cardholder Dispute Form for fraudulent use of a Visa credit card, Visa debit card or ATM card to the Police Department in order to file a police report and receive a case number. ******

*** The credit union must have a copy of the police report, in order to provide the Provisional Credit.*

4. Please enclose all supporting documentation.

Please forward your original documents to:

**Attention: Card Services Department
Burbank Community Federal Credit Union
3000 W Magnolia Blvd
Burbank CA 91505
Fax: 818-238-2932**

If you have additional questions please feel free to contact us at 818-238-2900.

Sincerely,

Card Services Department

Burbank Community Federal Credit Union
3000 West Magnolia Blvd. Burbank, CA 91505

8/10/2007

Claim Number
Credit Union
Contract Number

Cardholder Dispute Form

Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Cardholder Information

Cardholder Name		Home Phone ()	Work Phone ()
Mailing Address	Street	City	State Zip
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued	
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction	

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).
- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).
- 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 of 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 those transactions.

Total amount of unauthorized transactions (itemized on the back of this page or on an attached page): \$ _____

Name and Address of Unauthorized User (if known)

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

Signatures

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.

State of California

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,

by _____, personally known to me or proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

(Notary Public)	Member's Signature	Date
_____	Co-Applicant/Authorized Signer	Date

