



CARDHOLDER STATEMENT OF UNAUTHORIZED PIN TRANSACTION

IMPORTANT INFORMATION

Before this claim can be investigated this form must be:

- completed by the cardholder (in their own writing),
- notarized,
- accompanied by police report information,
- accompanied by any other supporting information available (e.g. Statements, etc)

Member Information

Date: _____ Card Number: _____ Account Number: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Police Report Information

Police Agency: _____ Report Number: _____

Reporting Officer: _____ Contact Number: _____

Transaction Information

I am disputing the following transactions because:

____ My ATM/Debit Card was lost or stolen. I neither participated in, nor authorized this transaction. This statement is made voluntarily for the purpose of establishing the fact that there were unauthorized transactions on my account.
Initials: _____

____ I have no knowledge of this transaction and I did not authorize, nor participate in this transaction.

____ Other: _____

I did not receive any part of the proceeds of the transaction(s) listed below. I understand that this claim is subject to investigation by local, state and/or federal law enforcement agencies and I must comply with a court order or subpoena to give testimony. **Initials:** _____

Posting Date	Transaction Date	Transaction Amount	Merchant/ATM Information

Was the PIN with the card? Yes No

Do you know who did the transaction(s) Yes No; If yes, who? _____

Under penalties of perjury this statement declares that the information provided is true correct and complete to the best of my knowledge and belief.

Signature: _____

Subscribed before me this _____ day of _____, 20____. Notary _____

State of _____, County of _____

For Credit Union Use Only

Form Accepted By: _____

Help Desk Request must be completed prior to sending form to Virtual Solutions