



CARDHOLDER DISPUTE FORM & AFFIDAVIT (Fraud)

Attn: Dispute Processing 3201 California Street San Francisco, CA 94118 FAX: 1.415.674.4691

For Fraudulent Use of a Debit/ATM or Credit Card

Complete, PRINT, sign and either mail, deliver, or fax this form, to San Francisco Fire Credit Union. If you have any questions or concerns, please contact our Call Center Representatives online at www.sffirecu.org, by phone at 1.415.674.4800 or toll-free at 1.888.499.FIRE(3473). San Francisco Fire Credit Union Call Center Representatives are available seven days-a-week from 6:00AM to 10:00PM (Pacific Time).

Form fields for Cardholder Name, Member Number, Card Number, Email Address, Primary Phone, Work Phone, Mailing Address, City, State, Zip, Type of Card, Type of Card Loss, Agency contacted, Report Number.

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

Initial: I understand that the Debit/ATM or Credit Card on which the fraud occurred must be closed immediately upon San Francisco Fire Credit Union's receipt of this form. I will advise any merchants with automatic billing or recurring charges that are attached to this card.

Transaction Information

Table with columns: Posting Date, Merchant Name/Terminal Location, Amount, Credit Union Use Only. Includes a Total Claim \$ field.

Explain the circumstances surrounding fraud:

Large empty box for explaining the circumstances surrounding the fraud.

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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear 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.

Cardholder's Signature _____ SIGN HERE _____ Date _____