



In accordance with the requirements set forth in 12CFR Part 1005 (Regulations E), Alhambra Credit Union requests that you provide written confirmation of your recent claim. Complete and return this form to Alhambra Credit Union, Attention Disputes Department, within 10 business days of notifying ACU of your disputed transactions for final processing of your claim.

Cardholder Name: _____ Phone: _____ E-mail: _____

Account Number: _____ Address: _____

Card Number: _____

At the time the disputed transactions were processed, my card was Lost Stolen in my possession.

I became aware of the unauthorized account activity on _____ and reported it to ACU on _____ .

Lost or Stolen :

I have filed a police report. Yes No

Agency: _____

Case Number: _____

Agency Phone: _____

From where was the card lost/stolen? (vehicle, home, business, etc.)

I can identify the person responsible for the unauthorized transactions. Yes No

Contact info (Name, Phone, address) _____

My personal identification number (PIN) was known by the suspect because: _____

Compromised:

I have attempted in good faith to resolve this dispute with the merchant. Yes No If Yes, include details in the additional comments.

Have you ever been to this location or web site? Yes No If Yes, When _____

I can identify the person responsible for the unauthorized transactions. Yes No

Contact info (Name, Phone, address) _____

Please list the disputed transactions, and any other documents which may aid in the investigation on page two.

The undersign, being acknowledged under penalty of perjury, hereby swears that all answers provided on this document are true.

I claim that my VISA/ATM debit card has been fraudulently used. I further swear that I have no knowledge of its improper use, nor did I authorize or give permission, expressed or implied, to any person to use the card and I have not benefited from this improper use. I agree to cooperate with Alhambra Credit Union in any recovery or prosecution effort(s) as a results of this activity. I further understand that this activity is subject to investigations by local, state and federal law enforcement agencies; and that I may be required to comply with a court order or subpoena to give testimony. I understand that making a false sworn statement is subject to state and/or federal statutes and may be punishable by fines and/or imprisonment.

Signature _____ Printed Name _____ Date: _____

Witnessed by:

Signature: _____ Date: _____

Disputed Transactions

Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____
Date of Transaction	_____	Merchant: _____	Amount: _____

Total number of disputed transactions: _____

Total amount of disputed transactions: _____

Additional Comments: (Provide a brief statement addressing the applicable circumstances of the dispute, including how the card came to be out of your possession, how the PIN or mobile banking information was compromised, etc.)
