







ADDITIONAL CARDHOLDER INFORMATION AND STATEMENT

Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Please note the following:

- Upon receipt of your request, your dispute case will be assigned to Card Services for review. If there are any questions in regards to your dispute claim, you will be notified within thirty (30) days.

How did you discover the fraud?

- Reviewed my account on BOB
Saw transaction on monthly statement
Had transaction declined and contacted credit union
Received phone call from Credit union

When did you discover the fraud?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Have you ever given anyone permission to use your card or card information?

- If yes, who? \_\_\_\_\_

Have you ever done business with the merchant?

\_\_\_\_\_

Have you contacted the merchant?

- If yes, what did they say? \_\_\_\_\_

Cardholder Statement:

Multiple horizontal lines for writing the cardholder statement.

I swear the information provided above 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.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_