



# Northern Indiana Federal Credit Union

Better banking. Brighter futures.

Northern Indiana Federal Credit Union  
8121 Grand Blvd  
Merrillville, IN 46410  
219-942-3377

MEMBER NO. \_\_\_\_\_

<b>AFFIDAVIT</b>			
<b>FRAUDULENT USE OF A DEBIT CARD</b>			
<b>CARDHOLDER INFORMATION</b>			
CARDHOLDER'S NAME		HOME PHONE	WORK PHONE
MAILING ADDRESS:	STREET	CITY	STATE ZIP
NUMBER OF CARDS ISSUED	CARD NUMBER		
TYPE OF CARD <input type="checkbox"/> Debit	AT THE TIME OF THE FRAUDULENT TRANSACTIONS, MY CARD WAS:		DATE CARDHOLDER DISCOVERED LOSS
	<input type="checkbox"/> In my possession <input type="checkbox"/> Lost Card		DATE CARDHOLDER REPORTED LOSS TO CREDIT UNION
	<input type="checkbox"/> Never received in the mail <input type="checkbox"/> Stolen Card		DATE OF FIRST FRAUDULENT TRANSACTION
	<input type="checkbox"/> Fraudulent application <input type="checkbox"/> Counterfeit		
	<input type="checkbox"/> Mail/Telephone Order/Internet		
WAS LAW ENFORCEMENT NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE REPORT NUMBER		AGENCY
<ul style="list-style-type: none"> <li>I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Debit Card.</li> <li>I did not give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card.</li> <li>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.</li> <li>I did not receive any benefit from the unauthorized use of my Debit card.</li> <li>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.</li> <li>I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.</li> <li>Further, I did not receive proceeds or benefits from any of those transactions.</li> </ul>			
Total amount of unauthorized transactions (itemized on the back of this page or an attached page(s)): \$ _____			
NAME AND ADDRESS OF UNAUTHORIZED USER (if known). If necessary, please provide details on a separate sheet.			
<b>SIGNATURE</b>			
I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and federal law enforcement agency so that 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 the 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 fine and/or imprisonment.			
CARDHOLDER SIGNATURE		DATE	
<b>For Credit Union Use Only</b>			
COMMENTS:		DATE RECEIVED	
		CREDIT OFFICER	

