Notification of Fraudulent Transaction

Account Information			
Name:			
Card Number:		Card Type: ATM Debit Credit	
Member Number:			
Street Address:		City, State & Zip:	
Daytime Phone Number:		Evening Phone Number:	
Date Fraud Reported:/_		Date of First Fraudulent Transaction://	
Dispute Reason			
The transaction(s) was Unauthorized. *No one authorized to use this account signed or participated in the transaction(s). My card was (CHECK one of the following choices below):			
☐ Card still in my possession	☐ New or Reissue Card n	ever received	
Card Lost on://_	Card Stolen on:/_	/ Card & PIN kept together? Yes No	
If Yes, please describe:			
I previously authorized another party permission to use my card ☐ Yes ☐ No If Yes, please detail including names and dates:			
Transaction Information			
Transaction Date Me	erchant Name	Dollar Amount	
	erchant Name		
3. / /			
4. / /			
5. / /			
6. / /			
7			
8//			
9/			
10 /			
I certify that the charge(s) above was not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. I certify that the foregoing is true and correct.			
Cardholder Signature:		Date:	
For Credit Union Use Only Associate Name	Teller Date Card Block		

Multiple Dispute Listing

name:				
Card Number:				
Transaction Information				
Transaction Date	Merchant Name	Dollar Amount		
11//		_		
12 /		_		
13/				
14//				
15//		_		
16//				
17//		_		
18//				
19//				
20//				
21//				
22 /				
23//				
24 /				
25//				
26//				
27//				
28//				
29//		_		
30//				
certify that the charge/s) above was not made by me or by a person authorized	hy me to use my card, nor were the goods or services		
represented by the above	e transaction received by myself or by a person authoriz	ed by me. I certify that the foregoing is true and correct.		
Cardholder Signature	9 :	Date:		