

WHEN COMPLETE, PLEASE
FAX BACK TO:
323.851.5633

NOTIFICATION OF FRAUDULENT TRANSACTION

Member Name: _____ Debit Card #: _____
 Home Phone #: _____ Work Phone #: _____

The transaction(s) listed below are unauthorized. No one authorized to use this account signed for, nor participated in, the transaction(s).

• **At the time of the transaction(s), please indicate status of card** *(check one):*

- Card Lost Card Stolen Date card was lost or stolen: ____/____/____
 Card still in Account holder's possession. New or Reissued card never received.
 If cardholder is still in possession of the card, is counterfeit card use suspected? Yes No

**Due to fraudulent activity, this debit card will be cancelled.
 Please contact the Credit Union for a new card.**

TRANSACTION INFORMATION:

	Authorization Date	Settle Date	Merchant Name	Dollar Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

Member Signature _____ Date _____

******This form MUST be signed by the cardholder******