



Notification of Fraudulent Transaction

Account Information

Name: _____ Member Number: _____
 Card Number: _____ Card Type: Debit Credit
 Phone Number: _____ Date Discovered : _____

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 never 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: _____

Has a police report been filed? Yes No
 Date: _____ Case number _____ City _____
 Investigating officer: _____ Phone number: _____

Transaction Information

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

I understand I will be assessed a \$25 fee per transaction that is determined to have been initiated by myself or a person authorized by me. Yes No

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: _____
 Submitted By (FFCU Employee) : _____

Multiple Dispute Listing

Name: _____

Card Number: _____

Transaction Information		
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	Date	Amount	Merchant Name
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____
36.	_____	_____	_____
37.	_____	_____	_____
38.	_____	_____	_____
39.	_____	_____	_____
40.	_____	_____	_____

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Cardholder Signature: _____ Date: _____

Submitted By (FFCU Employee) : _____

Multiple Dispute Listing

Name: _____

Card Number: _____

Transaction Information		
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	Date	Amount	Merchant Name
41.	_____	_____	_____
42.	_____	_____	_____
43.	_____	_____	_____
44.	_____	_____	_____
45.	_____	_____	_____
46.	_____	_____	_____
47.	_____	_____	_____
48.	_____	_____	_____
49.	_____	_____	_____
50.	_____	_____	_____
51.	_____	_____	_____
52.	_____	_____	_____
53.	_____	_____	_____
54.	_____	_____	_____
55.	_____	_____	_____
56.	_____	_____	_____
57.	_____	_____	_____
58.	_____	_____	_____
59.	_____	_____	_____
60.	_____	_____	_____
61.	_____	_____	_____
62.	_____	_____	_____
63.	_____	_____	_____
64.	_____	_____	_____
65.	_____	_____	_____

Total Amount \$:

I understand I will be assessed a \$25 fee per transaction that is determined to have been initiated by myself or a person authorized by me. Yes No

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: _____

Submitted By (FFCU Employee) : _____