Foothill credit union

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

	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. _____

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

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) : _____