



Fraudulent Transaction Form

Dear Cardholder,

This form has been forwarded to you for your convenience. **This form is to be completed only if the debit MasterCard transaction was NOT initiated by you. If the transaction was initiated without your knowledge or consent, the card will need to be deactivated (closed).** If you initiated the charges but there is an error please complete the Debit Card Dispute Form.

Regulations require that you notify us in writing within 60 days of the post date of the disputed charge. Any response received after the above-mentioned time frame may result in our inability to assist you with your claim.

Debit MasterCard Number:

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(Please use the card number on which the fraudulent charges appear)

Member Account Number: _____

Name:
Address:
Phone number:

Please check one box that applies.

- Lost
- Card Stolen (Date _____)
- Never received card in the mail
- Account Number Used – debit card still in possession

I have not used the above debit card for the purchase of merchandise, services, or cash advances, on the sales listed below. I have not authorized anyone else, orally or in writing, nor have I given consent nor do I have knowledge of implied consent, to use or have possession of this debit card. I have not and will not receive goods, services, or otherwise benefit, directly or indirectly, from the fraudulent transactions listed below. I further agree that any information relating to the unauthorized use of the account may be provided to any investigative or prosecutorial agency.

Do you know who forged your signature? Yes No
If yes, provide details on a separate page and attach.

A police report is **NOT** required but if you have filed a report please provide us with the following information.

Police Department _____
 Phone Number _____
 Case Number _____

