

# SeaWest Coast Guard Federal Credit Union Notification of Fraudulent Transaction

## Account Information

Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Type:  Debit  Credit

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 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: \_\_\_\_\_

## Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1. ___/___/___	_____	_____
2. ___/___/___	_____	_____
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: \_\_\_\_\_

CU Contact: _____ Total Disputed Items: _____ Page _____ of _____ Additional Comments: _____	<b>ACTION REQUESTED (Check One):</b> <input type="checkbox"/> Cardholder Dispute – Process chargebacks as allowed under Network Rules <input type="checkbox"/> Credit Union Dispute – Process chargebacks as allowed under Network Rules <input type="checkbox"/> Request Sales Draft Only <input type="checkbox"/> Rebuttal Documentation
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# Multiple Dispute Listing

Card Number:

Transaction Information
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Transaction Date	Merchant Name	Dollar Amount
11. ____/____/____	_____	_____
12. ____/____/____	_____	_____
13. ____/____/____	_____	_____
14. ____/____/____	_____	_____
15. ____/____/____	_____	_____
16. ____/____/____	_____	_____
17. ____/____/____	_____	_____
18. ____/____/____	_____	_____
19. ____/____/____	_____	_____
20. ____/____/____	_____	_____
21. ____/____/____	_____	_____
22. ____/____/____	_____	_____
23. ____/____/____	_____	_____
24. ____/____/____	_____	_____
25. ____/____/____	_____	_____

Please Explain in specific detailed explanation of Fraud. And any other information you might have that can help with the Dispute.

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: \_\_\_\_\_