## University Federal Credit Union Credit Card Dispute/Fraud Form

Revised: 10/18/2013

## FRAUD INVESTIGATION FORM

PO Box 30495 Tampa, FL 33630-3495 Or by fax to 1.800.253.1220

My telephone number at home is ( ) and at work is ( )	
My credit/debit card was issued by [Institution Name] and the account number is	_
3. The above card was requested by me. ☐ YES ☐ NO	
4. The following other person(s) were issued card(s) in their name(s) with the same account number as my Card:	1
5. To the best of my knowledge, my Card was: (check one of the following)  Loston approximately	
(Month/Day/Year)	
☐ Stolenapproximately(Month/Day/Year)	
☐ Never Received	
☐ In my possession at all times when the fraudulent transaction(s) occurred.	
6. I learned of the fraud on approximately(MM/DD/YYYY). I reported my card lost/stolen(MM/DD/YYYY).	on
7. The transactions listed on the following page(s) of this form were (check the box next to each true statement):	
☐ Not made or authorized by me.	
☐ To the best of my knowledge not made by any person who was authorized to use my Card.	
☐ To the best of my knowledge not made by any person listed in Section 4 above.	
8. I did not receive any benefit from the transactions listed on the following page(s).	
<ol> <li>I do do not have knowledge of the identity of the person(s) illegally using my name, account number or Card. (If you have such knowledge, please provide this information in the section provided o the bottom of page two.)</li> </ol>	n
10. I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account.	
For your protection, California law requires that the following appear on form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines ad confinement in state prison.	1
Primary Secondary Cardholder Signature: Cardholder Signature:	_



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## **List of Unauthorized Transactions**

(If you are aware of additional fraud charges that are not listed, please add them below or to the backside of this page.)

Transaction Date	Transaction Amount	Merchant Name
	have in the space below. This inform	and think that this may be a billing error, nation will allow us to properly dispute
-		
-	the space below. If you have filed a	r account number or Card, please police report, please attach a copy of and the case number (if you were given
Additional Comments		

