

Notification of Fraudulent Transaction

Member Name: _____ Debit Card Number: _____
Card Expiration: _____

The transaction(s) listed below are unauthorized.* No one authorized to use this account signed for or participated in the transaction(s).

• At the time of the transaction(s), please indicate status of card (*check one*):

() Card Lost () Card Stolen DATE card was lost or stolen. ____/____/____
M D Y

() Card still in Accountholder's possession. () New or Reissue Card Never Received

If cardholder still in possession of card is counterfeit card use suspected? () YES () NO

Transaction Information:

Authorization Date	Settle Date	Merchant Name	Dollar Amount
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____

BY SIGNING THIS FORM, YOU UNDERSTAND THAT YOUR CURRENT DEBIT CARD WILL BE CANCELLED AND A NEW ONE WILL NEED TO BE ORDERED.

Member Signature

Date

******This form MUST be signed by the cardholder******

Member Acct # _____

Teller Initials: _____