TruEnergy FEDERAL CREDIT UNION

Notification of Fraudulent Transaction

Cardholder Name: _____

Phone Number: _____ **Email Address:** _____

Card Number: _____ Expiration: _____

1. Dispute Reason/Elaboration

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

☐ Card Lost Date card was Lost _____

☐ Card Stolen Date card was Stolen _____

☐ 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

☐ **Issuer certifies Cardholder denies authorizing or participating in the disputed transaction. No one authorized to use this account signed for or participated in the transaction(s).**

2. Transaction Information

	Transaction Date	Merchant Name	Dollar Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

_____ _____

Cardholder Signature* **Date**

- ***I want updates of this case via email*** ☐ ***or mail*** ☐ ***(choose one)***

*By signing this form, I understand that the card will be closed.
Please return this form to cardservices@truenergyfcu.org.