Clear Fields

FORM 1

# Notification of Fraudulent Transaction

**Cardholder Name:** _____ **Card Number:** _____

**Card Type** ☐ **Debit** ☐ **Credit**

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) | | | | |
| 11) | | | | |
| 12) | | | | |
| 13) | | | | |
| 14) | | | | |
| 15) | | | | |

_____ _____
**Cardholder Signature** **Date**

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

Initials of Employee Accepting Form:

Lock Fields (After Signing) and Save