



Cardholder Fraud Form

Complete, print, and mail form to CCCU at the address below.

255 N. Lone Hill Ave. San Dimas, CA 91773 | 800.347.2228 (CCCU) | F: 626.915.7565 | RiskManagement@myCCCU.com | myCCCU.com

Member Number: _____ Name: _____

Address: _____

Phone Number: _____ Email: _____

Debit/Credit/ATM Card Number: _____

Have you ever done business with the merchant(s) in question? Yes No

Did a friend or family member authorize the transaction in question? Yes No

Did the transaction in question result from a free trial of a product/service? Yes No

******If you answered yes to any of the three questions above, please use dispute form, not this form.**

Unauthorized/Fraudulent Transactions

Transaction Date:	Merchant Name	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please select one of the following:

Counterfeit - The card is in your possession, transaction occurred without my permission

Lost/Stolen - The card is NOT in your possession, transaction(s) occurred without my permission

Have you filed a police report? Yes No

If Yes, Date and Location _____

I certify that the charge(s) listed above are unauthorized and not made by me. I have not received any products and/or services from the above merchants.

Cardholder Signature: _____

Required

Date: _____