



.Cardholder Fraud Form

Complete, print, and mail form to:
101 S. Barranca Avenue, P.O. Box 3012, Covina, CA 91722

255 N. Lone Hill Ave. San Dimas, CA 91773

800.347.CCCU • F:626.967.3525 • cardservices@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: _____ Date: _____
Required