

Notification of Fraudulent Transaction

Cardholder Name: _____

Daytime Phone Number: _____

Last Six Digits of Card Number: _____

Type of Card: Debit ATM

Important Instructions:

1. If you have fraudulent charges on your account, call **800-462-4421** to have your card blocked immediately. A new card is automatically ordered and will arrive at your home within 7-10 days.
2. This form must be completed to file a claim for fraudulent charges. Please review your account closely and list all unauthorized transactions.
3. Once you complete and electronically sign this form, we will begin investigating your claim. We will tell you the results of our investigation within ten business days and will correct the error within one business day after determining an error occurred. Please refer to the Sharonview Membership Agreement and Disclosures for additional information.

1. Dispute Reason/Elaboration

Date card-holder discovered loss: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Card lost | <input type="checkbox"/> Card stolen |
| *Date card was lost: _____ | *Date card was stolen: _____ |
| <input type="checkbox"/> New or Reissue card never received | <input type="checkbox"/> Card still in account-holder's possession |
| | *Is counterfeit card use suspected? <input type="checkbox"/> Yes <input type="checkbox"/> No |

- Card-holder denies authorizing or participating in the unauthorized transaction.
 No one authorized to use this account signed for or participated in the transactions.

2. Transaction Information

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

 Card-holder Signature

 Date

Office Use Only

Date Received: _____