



Debit Card Transaction Dispute Unauthorized/Fraudulent Transactions

Please read before proceeding

This form must be completed by a person whose name appears on the debit card in question. We cannot process your claim until we have received all of the required information and/or documentation. This dispute is governed by our Electronic Fund Transfers Agreement and Disclosure.

I did not authorize this charge - I certify that I did not authorize or participate in this transaction with the below-mentioned merchant, nor did I authorize anyone else to use my card.

To use this option, your card **must** be closed before submitting this form. To cancel your card, or to report it as lost/stolen, please visit your nearest member center location or call **1.877.243.2528** during business hours or **1.888.918.7842** outside of business hours.

Please take the following actions:

1. Complete all required fields on this form.
2. Return the form to any member center location, fax directly to 248.785.5107 or follow the docuSign instructions.

You must complete all of the requested information below:

*Required fields

*Community Choice Credit Union account number	*Member full name	*Daytime phone number
*Debit card number		Email address
*Date you discovered the unauthorized transactions		*Date you reported the transaction(s) to Community Choice Credit Union
*Current status of card <input type="checkbox"/> Lost date: _____ <input type="checkbox"/> Stolen date: _____ <input type="checkbox"/> Never received by you <input type="checkbox"/> Currently in your possession		

You must list the unauthorized transactions below:

*(Please attach additional sheets if necessary)

- | | | |
|-----------------|---------------|-----------------|
| 1. Date: _____ | Amount: _____ | Merchant: _____ |
| 2. Date: _____ | Amount: _____ | Merchant: _____ |
| 3. Date: _____ | Amount: _____ | Merchant: _____ |
| 4. Date: _____ | Amount: _____ | Merchant: _____ |
| 5. Date: _____ | Amount: _____ | Merchant: _____ |
| 6. Date: _____ | Amount: _____ | Merchant: _____ |
| 7. Date: _____ | Amount: _____ | Merchant: _____ |
| 8. Date: _____ | Amount: _____ | Merchant: _____ |
| 9. Date: _____ | Amount: _____ | Merchant: _____ |
| 10. Date: _____ | Amount: _____ | Merchant: _____ |



Debit Card Transaction Dispute Unauthorized/Fraudulent Transactions

Statement & authorization

I make this statement for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my card, nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card. I give consent to the credit union to release any information regarding my card and/or card account to local, state and/or federal law enforcement agencies so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. Furthermore, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this statement is true and understand that making a false statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Member signature

Date