PASADENA
FEDERAL CREDIT UNION
P.O. Box 7132
Pasadena, CA 91109-7132 626.799.0882
• FAX 626.799.5114 www.pfcu.org

DEBIT CARD FRAUD DISPUTE FORM

Name: _____

Member Number: _____

Last 4 Card Digits: _____

Contact Numbers:

Hm: _____ Cell: _____

Card Status: ☐ Lost ☐ Stolen ☐ Card was in my possession at the time the transaction(s) occurred.

I have reviewed the charges made on Visa Debit Card and the following transactions are fraudulent:

Merchant Name	**Amount**	**Transaction Date**

I certify that the charges were not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above trasaction received by myself or by a person authorized by me. I give my consent to Pasadena Federal Credit Union to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency 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.

_____ _____

Cardholder Signature Date

For Credit Union Use Only

Employee: _____