

# Unauthorized PIN Transactions



This document is for use when a member disputes transactions where a PIN was used (Tran Codes 09, 11, 67, 74, or 109).

## Account/Member Contact Information

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Member Statement

I, the above named, as claimant, declare that the following statement(s) below are true. I make this statement for the purpose of establishing the fraudulent use of my account. I did not give, sell, or trade my Debit card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse nor minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated below. I did not receive any benefit or value from the unauthorized fraudulent pinned transaction(s) in question.

Provide details below related to the loss/theft of your card including the name & address of the unauthorized user(s), if known.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## If Card Lost or Stolen:

Please provide the dates regarding the loss of your card.

Date Loss Discovered \_\_\_\_\_ Date Loss Reported to Credit Union \_\_\_\_\_

(Optional) If the loss has been reported to the police department, please provide the Case Number:

\_\_\_\_\_  
\_\_\_\_\_

## Unauthorized Transaction(s) (Use and attach additional sheets as needed.)

<u>Date Posted</u>	<u>Merchant Name or Location of Withdrawal</u>	<u>Amount</u>	<u>(Internal Use Only) SEQ # from IMI2</u>
		\$	
		\$	
		\$	
		\$	
		\$	

## Signature

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the signed completed form to Risk Management.