

## Credit/Debit Card Fraud Form



First Name _____	Last Name _____
Member Number _____	Card Number _____
Daytime Telephone _____	Email Address _____

### Fraudulent/Unauthorized Transactions

(Charges must have occurred within the last 60 days)

	Date	Merchant Name	Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
<b>Total Loss Amount:</b>			\$

**Select One of the Following:**

- Lost/Stolen:** My card is no longer in my possession.
- Counterfeit:** I have my card and transactions have occurred without my consent.
- Mail/Telephone/Online:** I have my card and transactions occurred electronically.

Have you ever done business with the merchant(s) above?     Yes     No

Additional Comments

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Written Disclaimer

I confirm the information contained in this document is truthful. By signing this document I acknowledge SECU may release the information contained herein to law enforcement officials for investigative purposes.

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Member's Signature _____	Date _____
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Please return this completed form by fax or e-mail to SECU Security within ten (10) days of discovering the suspected fraud. Pending an investigation, credits will be issued within ten (10) business days of receipt.

Fax: 410-487-7479; E-mail: SECU.Security@secumd.com