



**QUICKDRAWPLUS
DEBIT CARD**

DISPUTED TRANSACTION INQUIRY

(Unauthorized ATM withdrawal or POS/Signature based transactions)

Member Name: _____ Account _____

Joint Account Holder: _____ Card Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ E-mail Address: _____

At the time of fraudulent activity, the card was: In my Possession Lost Stolen Not Received

Enrolled in QuickDrawPlus Debit Card Fraud text Alert Service: Yes: No:

Date Cardholder Discovered Loss: _____ Date Loss Reported to Credit Union: _____

I have examined my QuickDrawPlus Debit Card transactions and identified the following as unauthorized:

Transaction Date	Merchant Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Disputed Amount: \$ _____ Total fees, if applicable: \$ _____
(Total from above and/or from attached form with additional disputed items)

Cardholder Statement:

If additional space is required to describe your dispute, please use a separate sheet of paper and attach.

I certify the charge(s) listed above was not made by me or by a person authorized by me to use my card.

I did not benefit from the goods or services represented by the above transaction(s).

Cardholder Signature: _____ Date: _____

Mail to: Los Angeles Police Federal Credit Union, Attn. Card Services, P.O. Box 10188, Van Nuys, CA 91410-0188