

TRANSACTION REPORT FORM (Fax to 615-780-7711 & Send Original to Compliance)

MEMBER NAME FOR TRANSACTION/S _____ PHONE # _____
 TTCU ACCOUNT NUMBER AFFECTED _____ SUFFIX _____
 CARD NUMBER USED IN TRANSACTION _____
 DATE CARD CANCELLED (MUST BE CANCELLED TO STOP FUTURE TRANSACTIONS) _____
 POLICE REPORT NUMBER (ATTACH COPY) _____

***CHECK TRANSACTION TYPE BELOW REQUIRED:**

Fraud-Card Lost _____ Fraud-(Card or #) Stolen _____ ATM Dispute _____ Dispute Charges _____

***POLICE REPORT WILL LIKELY BE REQUIRED FOR FRAUD REPORTS IN ORDER TO PROSECUTE. TO ASSIST, PLEASE PROVIDE NAMES OF ANYONE WHO USED YOUR CARD _____**

I certify the information provided in this document to be true and accurate. I understand that a fraudulent transaction is only when I did not provide my card or card number, but it was stolen and used without any type of agreement by me. If disputing charges, I have tried to work it out with the Merchant (* must provide details). I agree to cooperate with the investigation if requested. I understand if a provisional credit is given on my account, it will be removed if the investigation is not found in my favor.

Signature _____ DATE: _____

ATM (Section ONLY if: Member used card at ATM and transaction does not match received amount, fraud goes below.)

Transaction Date	Requested Amount	Received Amount	ATM Location: Name, address, phone #

FRAUD OR DISPUTE TRANSACTIONS:

DATE "CLEARED" (Must be cleared and within 60 days of statement date)	CHARGE AMOUNT (List Individually)	EXPECTED AMOUNT (If Charge Dispute)	MERCHANT INFORMATION, CONTACT NUMBERS, ETC. (INCLUDE CORRESPONDENCE IF DISPUTE)	TRAN CODE (Internal Use)

Any additional information to help with investigation (including contact information for disputes-attach any emails or documents on what you did to resolve the dispute, which must be detailed):

FOR INTERNAL USE ONLY:

Status of card _____ Date Status Changed _____
 Provisional Credit amount: \$ _____ Date of Credit _____
 PSCU Case # _____ Verafin Case# _____