Card Fraud Form

I am reporting fraudulent use of my Visa card. I certify that I have no affiliations with this merchant, and I did not authorize or participate in the charges listed below.

Date: _____ **Attn:** _____

To: Fraud Department **Email:** CardFraud@LGEccu.org

Account Number: _____ **Last 4 of Card:** _____

Date	Amount	Merchant Name

Do you have the card in your possession? **Yes:** ☐ **No:** ☐

If no, enter the date you noticed the card was missing: _____

Printed Name: _____

The **BEST PHONE NUMBER** to reach me Monday through Friday during the hours of 9:00 AM to 4:30 PM is:

_____ OR _____

If additional assistance is needed, contact the Fraud Department at (770) 424-0060 Ext. 55116.