



University Credit Union Cashback+ Dispute Statement

We are here for you every step of the way.

Please fill out this form as thoroughly as possible to help expedite the processing of your claim.

Section 1: MEMBER INFORMATION

Member Name:		
Account Number:		
Street Address:		
City:	State:	Zip:
Phone Number:		Email Address:

Section 2: TELL US ABOUT THE ACCOUNT ACTIVITY

Select **ONE** option:

I did not initiate the UCU Cashback+ transaction(s).

I initiated the UCU Cashback+ transaction(s) but am unable to use the gift card(s).

Select **ONE** option:

My computer was hacked.

I was a victim of phishing, vishing, and/or smishing.

Section 3: UCU CASHBACK+ TRANSACTIONS

Please include all UCU Cashback+ transactions in question.

Additional space is provided on page 3 if needed.

Date	Transaction Description/ Reference Number	Amount
___/___/___		
___/___/___		
___/___/___		
___/___/___		
___/___/___		

Section 4: TELL US WHAT HAPPENED

When and how did you identify the fraudulent activity?

Have you shared your login credentials with someone, even if inadvertently?

Yes (please provide the following):

Name:	Relationship:
Contact Information:	Did they complete the transaction?

No

If you were a victim of phishing, vishing, and/or smishing, please provide all available details and include screenshots/ printouts with this form.

If vishing, please provide the email address: _____

If phishing/ smishing, please provide the phone number: _____

Are there any more details you would like us to know, including the information shared by the perpetrator or information compromised?

Please complete the bottom certification of your claim.

I hereby certify that the information submitted is true and accurate. I further understand that I will be held liable for the transaction amount if any information provided is false or not reported in a timely manner in accordance to the Member Agreement.

Enter name: _____ Date: ___/___/___

Please complete the form and enclose all supporting documentation that may help expedite your claim.

You may return this form in one of the following ways:

Email to: disputes@ucu.org

Or mail to: UCU Payments Department, P.O. Box 25356, Los Angeles, CA 90025-0356

