



### 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?**

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**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?**

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**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](mailto:disputes@ucu.org)*

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

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#### Additional Transaction(s) Information

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