



1278 Rocky Point Drive • Oceanside, CA 92056  
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## Card Claim Cancellation

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Last four digits of the card: \_\_\_\_\_

Card Type:

ATM

Credit

Debit

I am requesting that my Card Fraud Dispute Claim be canceled. After further review, I recognize and did authorize the charge(s) that were in question. I will not hold Frontwave Credit Union liable for the transactions named in the canceled claim.

I am requesting the provisional credit issued to my account be reversed and a new card ordered.

i have not received provisional credit and would like my card unblocked.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_