

CARDHOLDER FRAUD FORM

Fraudulent Use of a Credit Card, Debit Card,
Or ATM Card

Member #:		Employee User Number:	
Cardholder Information			
Cardholder Name:		Contact Phone:	Work Phone:
Mailing Address:			
City:		State:	Zip Code:
Card Number:		Type of Card: <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> ATM Card	Was Law Enforcement Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
At the time of the Fraudulent Transaction(s), my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Card Not Received			Date Cardholder Discovered Loss: _____ / _____ / _____
Date Cardholder Reported Loss to Credit Union: _____ / _____ / _____		Date Cardholder Discovered Loss: _____ / _____ / _____	Date of First Fraudulent Transaction: _____ / _____ / _____
<input type="checkbox"/> In the event additional charges are identified after the completion of this affirmation, I authorize the Credit Union to add those subsequent transactions to this affirmation.			Requesting for New Card to be Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s); <input type="checkbox"/> I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction; <input type="checkbox"/> I did not receive any benefit or proceeds from the unauthorized use of my card(s); <input type="checkbox"/> I did not or have not authorized the use of my card by anyone else before or after I discovered the unauthorized use of my card; <input type="checkbox"/> I have examined all the unauthorized transactions, and, in each instance, I did not originate the transaction nor authorize it; <input type="checkbox"/> I have made available all information and suspicions I have about the Fraudulent Transactions, including any information regarding the identity of the person who wrongfully used my card for the Fraudulent Transactions; <input type="checkbox"/> I authorize you to share the above information with law enforcement, banking regulators and other third parties in connection with any investigation of the Fraudulent Transactions, including any criminal investigation; <input type="checkbox"/> I agree to cooperate in any such investigation and in the prosecution of any person believed to be responsible for fraudulently using my card;			
Please provide details on a separate sheet (if necessary)			
By signing below, I certify that the information in this Cardholder Fraud Form is true and correct and understand that making a false sworn statement is subject to federal, and or state statutes and may be punishable by fines and or imprisonment.			
Cardholder Signature:			Date:

UNAUTHORIZED CHARGES

Name:

Card#

**	Date	Amount	Merchant
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

** Credit Union Use Only – Check transactions for which a draft should be ordered because of cardholder escalation:

Required Certifications:

- We certify that our cardholder neither participated in nor authorized the referenced transaction(s). Issuer certifies card was terminated on: ____/____/____;
- Issuer certifies fraud was reported on DPS VROL on: ____/____/____;
- Issuer certifies account was placed on the Exception File, with a pickup code on: ____/____/____;
- We certify that this information was received by the Cardholder in a secure telephone banking environment using the same level of security needed to complete a transfer of funds to another financial institution. Date and time of call: ____/____/____ : ____/____/____;
- Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.