

# Debit and ATM/POS Card Fraud Checklist

Employee name: \_\_\_\_\_

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

Date Completed: \_\_\_\_\_

- Add "Contact" to the account and Route to VISA
- Member email address \_\_\_\_\_
- Printout member statement(s) (Review transactions)
- Police Report with the total dollar amount of fraud reported ("ic3.gov" for internet purchases)
- If Police department refused to take a report of fraud:  
\_\_\_\_\_ Date Member went to Police Department  
\_\_\_\_\_ Location of Police Department  
\_\_\_\_\_ Officer Signature and Badge #  
\_\_\_\_\_ Why is Police report refused?
- Member signs and dates Member Information Sheet (needed for ATM/POS Fraud only)
- Cardholder Fraud Affidavit Form completed\* (NOTARIZED)
- Fraud Investigation Form

It is very important that all forms are filled out completely. Once the Visa Department receives the completed packet, the cardholder receives provisional credit starting with the date the completed paperwork was notarized.

**\*Completed = All spaces on the form are filled in and/or signed and dated.**



## Neighbors Credit Union Investigation Form

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

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If you have any knowledge of the identity of the person(s) who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number, and the case number (if you were given one).

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**V**isa regulations require that the cardholder contact the merchant to try to resolve the dispute. Upon cancellation of services, or return of merchandise, the merchant has 30 (thirty) days to issue the credit. If a credit is due, and it is not issued after the 30 (thirty) days, then the item(s) can be disputed. Merchandise being returned, must be sent Return Receipt Requested. If services have been cancelled and you continue to be billed, the following information will be needed. The following information is needed in order to proceed with a dispute.

1. Type of merchandise or service \_\_\_\_\_
2. Cancellation Number \_\_\_\_\_
3. Date of cancellation \_\_\_\_\_
4. Name of person you spoke with \_\_\_\_\_
5. If merchandise returned, date returned \_\_\_\_\_
6. Reason for return \_\_\_\_\_
7. Copy of return receipt requested \_\_\_\_\_
8. Comments \_\_\_\_\_



# Member Information Sheet

For completion with Fraud Claim

**\*\*Please note the following items as it pertains to your Fraud claim. Sign and date this document to show you have read this sheet in its entirety and understand the information you have been given.**

1. If the Credit Union finds the fraud was committed by the member, or someone known by the member, and they do not wish to prosecute; the member will be responsible for all research fees and film processing charges incurred.
2. If the member notified the Credit Union within two business days of the loss or theft of his debit card, he will be liable for no more than \$50 if someone used the card or PIN without his permission. If the member does not notify us within the two business days and we could have stopped someone from using his card and PIN, he could be liable for up to \$500. (ATM/POS ONLY)
3. Member is responsible for any transaction greater than 60 (sixty) days from the last statement issue date. (Member is not able to claim transactions that are greater than 60 (sixty) days from the last statement issued)

I, \_\_\_\_\_ have read the above items and understand the information that has been presented:  
(Printed Name)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Number

Staff Use Only: Employee # _____ Accounting initials _____ Status _____
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