

# 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)
- If you have any knowledge of the identity of the person(s) who used your card, please provide any information you have in the space below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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\*

**It is very important that all forms are filled out completely. Once the Visa Department receives the completed packet, the cardholder receives provisional credit within 10 business days starting with the date the completed paperwork filed.**

Member # \_\_\_\_\_

Contract Number: 024-0007-7

## Cardholder Fraud Affidavit Form

### Fraudulent Use of Neighbors Credit Union Debit Card

#### Cardholder Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I requested the card  Yes  No Card Number: \_\_\_\_\_ XXXX XXXX \_\_\_\_\_ # of cards issued \_\_\_\_\_

At the time of the fraudulent transaction(s), my card was:  In My Possession  Lost  Stolen  Never Received

Was law enforcement notified?  Yes  No If Yes, where \_\_\_\_\_

Date Cardholder Discovered Loss: \_\_\_\_\_

Date Cardholder Reported Loss to Credit Union/Processor: \_\_\_\_\_

Date of First Fraudulent Transaction: \_\_\_\_\_

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I complete this Cardholder Fraud Affidavit Form for the purpose of establishing the fraudulent use of my Credit/Debit card(s).  
I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).  
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.  
I did not receive any benefit from the unauthorized use of my Credit/Debit card(s).  
I did not use my card nor authorize the use of my card by anyone else after I discovered unauthorized use of my card.  
I have examined all of the unauthorized transactions and in each instance, I did not originate the transaction nor authorize it. Further, I did not receive proceeds of benefits from any of those transactions.

Total amount of unauthorized transactions (itemized on fraud investigation form): \$ \_\_\_\_\_

\_\_\_\_\_ Initials

#### SIGNATURES

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this Cardholder Fraud Affidavit Form is true 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

\_\_\_\_\_  
Co-Applicant/Authorized Signature

\_\_\_\_\_  
Date



# 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