

Debit and ATM/POS Card Fraud Checklist

It is very important that all forms are filled out completely. Once the Visa Department receives the completed packet, we have 10 business days to complete our investigation, starting on the date the completed paperwork is received by the Visa Department. When the investigation is complete, a provisional credit will be issued, or a denial letter mailed out.

Member Name _____

Member Number _____

Member Email Address _____

- Block debit card using Block Code **S** and Decline Code **2**.
- Add a contact to the account and route to **VISA Department**
- Print statement(s) for member to review (Do not send to Visa)
- Cardholder Fraud Affidavit Form Completed and signed
- Member Information Sheet completed and signed
- Completed packet scanned to CardServices@NeighborsCU.org or faxed to 314-329-9890
- 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
Report # _____ Jurisdiction _____
("ic3.gov" for internet purchases)
- If police report is refused, answer the following:
Date refused _____
Location of Police Department _____
Officer Signature and Badge # _____
Why was the report refused? _____

Employee Name/MSR# _____

Date Completed _____

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: _____

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