## DEBIT CARD FRAUD FORM



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Name:			Card #:		
Phone #:			Email:		
Preferred Method of Contact	: Email	Phone			
Current Status of Debit Card:					
Lost or Stolen		_ Debit Card Still in Possession Never Received in the Mail			
Date Fraud Was Discovered: Date Fraud Was Reported to Credit Union:					
How was the fraud discovered:					
Was a Police Report Filed?	NO	YES - Report #:		_ Police Agency:	
Can you Identify the individual(s) using your debit card?:					
I have no knowledge of the identity or whereabouts of the person(s) using the debit card					
I can identify the suspect as:					
Please confirm the following statements:					

## I have not used this card for the purchase of merchandise on the sales listed below or on the attached page.

I have not authorized anyone else, orally or in writing, nor have I given consent, nor do I have knowledge of implied consent, to use or have possession of this card

I have not, and will not, receive goods, services, or otherwise benefit directly or indirectly, from the fraudulent transactions listed below.

DATE	AMOUNT	MERCHANT NAME

I give my consent to the Credit Union to release any information regarding my card and/or card account to any 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 the fraud involving my card and/or card account. I affirm that the information is true and correct and I understand that making a false statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Primary Member's Signature

Date