



Fraudulent Transaction Form

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MEMBER NUMBER

Please utilize this form to report Debit Card or Zelle Fraud Transactions. For all other types of fraudulent transactions, please contact ALEC at 847.688.8000.

Debit Card

Zelle

Total Amount \$

ACCOUNTHOLDER INFORMATION

Accountholder Name		Home/Cell Phone	Work Phone
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Street Address	City	State	Zip Code
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Card Number (if card was involved)

At the time of the fraudulent transaction(s) my card was: (check one, if card was involved)

Lost
 Stolen
 Still in my possession
 Never Received
 Given to: _____

Date Accountholder Discovered Loss:	Date Accountholder Reported Loss:	Date of First Fraudulent Transaction:
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Police Report Number (if one was filed): _____ Police Department: _____ Officer Name: _____

FRAUDULENT CHARGES:

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I complete this Fraudulent Transaction Form for the purpose of establishing the fraudulent use of my Debit card / account.

I did not give, sell, or trade my card / account information to anyone nor did I give permission to use my card / account.

I have no knowledge that my spouse, minor child(ren), or family member made any transaction(s) on or after the date of the first fraudulent transaction indicated below.

I have examined all of the unauthorized transaction and in each instance I did not originate the transaction nor authorize it.

Further, I did not receive proceeds or benefits from any of these transactions.

**If answering false to any of these questions – a fraudulent transaction form will not be accepted.*

ACCOUNTHOLDER STATEMENT: Please give a brief description of the circumstances of your claim. Attach an additional sheet if more room is needed.

FRAUDULENT TRANSACTIONS

Transaction Date	Merchant, ATM Location, Recipient.	Amount (\$)

Total Amount: \$ _____**ACCOUNTHOLDER SIGNATURE: Must be the name listed on the card**

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 Fraudulent Transaction 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.

Accountholder Signature: _____ Date: _____