



Debit Card Fraudulent Transaction Form

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Gurnee, IL 60031

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MEMBER NUMBER

Total Amount \$

CARDHOLDER INFORMATION

Cardholder Name		Home/Cell Phone	Work Phone
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Street Address	City	State	Zip Code
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Card Number

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

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

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

FRAUDULENT CHARGES:

T F

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

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

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 form will not be accepted.*

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

