

Debit Card Fraudulent Transaction Form

325 Tri- State Parkway Gurnee, IL 60031 p: 847.688.8000 • f: 847.786.8325

MEMBER NUMBER	
ME MBER HOMBER	

Total Amount \$

CARDHOLDER INFORMATION								
Cardholder Name			Home/Cell Phone		Work Phone			
		Lau		l a				
Street Address		City		State		Zip Code		
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:			: Transaction:				
	,							
Police Penert Number (if one was filed):	Paller Paraglacet			Officer Name:				
Folice Report Number (ii one was ineu).	Police Report Number (if one was filed): Police Department:			Officer Name				
FRAUDULENT CHARGES:								
TF								
☐ ☐ I complete this Debit Card Fraudulent Tran	saction Form for the pu	irpose of est	ablishing the fraudu	llent use of my	Debit car	d.		
$\ \square\ \square$ I did not give, sell, or trade my card to anyon	one nor did I give permi	ssion 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 transauthorize it.	nsaction and in each in	stance I did	not originate the tra	insaction nor				
□ □ 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.								
needed.								
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FRAUDULENT TRANSACTIONS					
Transaction Date	Merchant or ATM Location	Amount (\$)			
Total Amount: \$					
CARDHOLDER 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 Debit Card 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.					
Cardholder Signature:		Date:			