

Additional Fraudulent Transactions

* *For Institution
use only:*
Order Draft for the
following:

The following transactions were not made by me or anyone authorized to use my Visa card.

Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:
Date:	Amount:	Merchant:

Additional Information

Provide Additional Information: Please use an additional sheet of paper, if necessary.

* *The following checkboxes are for Institution Use Only*

Required certifications:

We certify that our cardholder neither participated in nor authorized the referenced transaction(s). Issuer certifies account was closed on: (mm/dd/yyyy)

Issuer certifies fraud was reported on DPS VROL on: (mm/dd/yyyy)

Issuer certifies account was placed on the Exception File, with a pickup code on: (mm/dd/yyyy)

We certify that this information was received by the Cardholder in a secure telephone banking environment using the same level of security needed to complete a transfer of funds to another financial institution.

Date and time of the call (mm/dd/yyyy hh:mm AM/PM)

Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

FRAUD QUESTIONNAIRE

Each question is required, and if not answered, can delay the processing and posting of provisional credit back to your account.

Cardholder's name:

Today's Date:

Best Contact Phone Number:

Your Email:

Where do you keep your card?

Who has access to your card and/or PIN, if anyone?

Have you ever given your card to anyone else? (who)

Who else besides you knows your PIN?

**That you are aware of, was this card ever out of your possession prior to the fraud occurring? (lost & recovered, given to an authorized user, etc.)
Please Explain:**

Please provide a summary of the situation leading up to filing a claim with as many details that you can provide. Please include if you have had a relationship with the merchant, how you discovered the loss, if you have any authorized users, and whether or not they participated in the transactions. Any detail that can help us recover your funds is appreciated.

AFFIDAVIT OF FRAUD

(REQUIRED)

If you have already filed a police report or intend to, please provide that information below or contact Great NorthWest FCU with the case number. We may also choose to file an additional police report for the fraud

Fraudulent Use of a Credit Card, Debit Card, or ATM Card		
Cardholder Information		
Cardholders Name	Home Phone	Work Phone
Mailing address	Street	City State Zip
Card Information:	Card Number	Was law enforcement Notified? Yes No
Type of Card: Debit Credit ATM Card Heloc	At the time of the Fraudulent transaction, my card was: <input type="checkbox"/> in my possession <input type="checkbox"/> Lost Card <input type="checkbox"/> Never received in the mail <input type="checkbox"/> Stolen Card <input type="checkbox"/> Fraudulent Application <input type="checkbox"/> Counterfeit <input type="checkbox"/> Mail/Telephone Order/Internet Fraud	Police report Number and Agency #: _____ Agency: _____
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction
<ul style="list-style-type: none">• I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit ATM 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 indicated below.• I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).• I did not use my card nor authorize the use of my card by anyone else after I discovered the 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 or benefits from any of those transactions.		
Total amount of unauthorized transactions:		
Name and Address of unauthorized User. If not known, please type "unknown":		
This document is not valid unless the cardholder's signature is below:		
<i>I give my consent to the credit union to release any information regarding my card and/or card account to any local, state and federal law enforcement agency so that 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 the Cardholder Dispute Form is true and understand that making a false statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.</i>		
Signed _____		Date _____