

# FRAUD

## STATEMENT OF FRAUD FOR DEBIT/CREDIT CARD

The Debit/Credit Card associated with the fraudulent transactions will be cancelled immediately, if not done already, upon receipt of your completed statement of forgery. The entire form must be completed where applicable and **SIGNED** by the cardholder and returned to the credit union prior to a claim being processed.

<b>SECTION I</b>	
Cardholder Name:	Debit/Credit Card Number:
Email Address:	Primary Phone:

### SECTION II

Please indicate the status of your card when the fraud occurred on your Debit/Credit Card

**Lost: Date Card Lost** \_\_\_/\_\_\_/\_\_\_ Debit/Credit Card has been lost. I have not used the Debit/Credit Card as identified above for the purchase of merchandise, services, cash or for any other purpose since the above date.

**Stolen: Date Card Stolen** \_\_\_/\_\_\_/\_\_\_ Debit/Credit Card has been stolen. I have not used the Debit/Credit Card as identified above for the purchase of merchandise, services, cash or for any other purpose since the above date.

**Unauthorized Use of Card Number: (Counterfeit)** \_\_\_/\_\_\_/\_\_\_ I had my Debit/Credit Card in my possession when my account number was fraudulently used.

I have not authorized anyone else, verbally or in writing, nor I have I given consent, nor do I have knowledge of implied consent, to use or have possession of said Debit/ Credit Card/ Number. I have not received and will not receive goods, services, or otherwise benefit, directly or in-directly, from transactions listed below. Please add any details as to how, when, and where your card was lost or stolen, plus a Police Report number, if available, in the Comments section.

	<u>Transaction Date</u>	<u>Amount</u>	<u>Merchant Description</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED - Cardholder Signature**

**Date**



## **What to expect during a fraud case:**

Any Card Numbers affected will be closed **IMMEDIATELY**.

Card Numbers involved **MAY** not be re-issued to the member until the case is resolved.

## **How to initiate your claim:**

- 1.** Complete the [Statement of Forgery for Debit/Check Card](#). This form is located on our website under Forms and Disclosures at [www.geovistacu.com](http://www.geovistacu.com). You may also get this form by contacting your credit union.
- 2.** Complete **ONE** form for **EACH** transaction.
- 3.** Submit a copy of your Police Report and any additional paperwork requested by your Credit Union.
- 4.** Complete an ATM/Debit Card reorder form. The form is located on our website under Forms and Disclosures at [www.geovistacu.com](http://www.geovistacu.com). You may also contact your credit union to receive a copy of this form.

## **To Sum it all for you:**

Be sure to provide us with as much detail as possible.

Make sure you complete all the forms required by your Credit Union to ensure you do not jeopardize your case.

**CONDITIONAL CREDITS** will be issued as soon as we receive **ALL** the required documentation. (Please note conditional credits are only given during a fraud case.)

Please **BE PROMPT**. This is a lengthy process with strict guidelines and deadlines. Please help us meet them.

