

NOTIFICATION OF FRAUDULENT CARD CHARGE

Member did not participate in the transaction - lost/stolen card fraud. If member participated in "Free Trial" with a merchant, member must complete the "Notification of Disputed Card Charge form."



Making a real difference

Favor de completar esta forma en inglés.

Cardholder name	Member number	Last four digits of card number	Today's date	Page 1 of 2
Member address				
Your preferred method of contact during business hours, if we have questions about your case. By Phone _____ By Email _____				
Date card/PIN discovered missing		Date unauthorized transaction first discovered		
Indicate how the unauthorized transaction was performed ATM Card VISA Credit Card VISA Debit Card				
Has a police report been filed? (If so, please attached a copy) Yes No Case # _____ Officer's name: _____ Phone: _____ Agency/Jurisdiction: _____				
Did you request the above card? Yes No		Is the card in your possession now? Yes No		Has the card been destroyed? Yes No
Would you like to have a replacement card issued? Yes, please send new card to address on file. Yes, I would like a new card issued now (printed in-branch). No.				
How was/were the unauthorized transaction(s) discovered?		Where was the PIN kept?		Where was the card kept?
Does anyone else know the PIN, or was the PIN accessible to another user? Yes No			If "Yes," indicate name, relationship, and/or circumstance	
Type of card loss Never received Lost Stolen In my possession			Address of unauthorized user, if known	
Credit Union use only*	The following transactions were not made by me or anyone authorized to use my VISA card. I understand that the card associated with these transactions will be blocked.			
	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	
*Credit Union Use Only: Check transactions for which a draft should be ordered because of cardholder escalation.				
Cardholder Signature X			Date	

Cardholder name	Member number	Last four digits of card number	Today's date	Page 2 of 2
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In the event additional charges are identified subsequent to the completion of this affirmation, I authorize Bay Federal Credit Union to add those subsequent transactions to this affirmation.

DECLARATION OF UNAUTHORIZED USE

I make this Notification of Unauthorized Card Charge claim for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my credit/debit card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated above or on attachments. 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 any of the proceeds or benefits of any such item(s). I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen, or counterfeited. I have no knowledge of the circumstances surrounding the transaction(s) or of the person(s) who made the transaction(s) unless listed above.

I declare under penalty of perjury that the information provided on this form and attachment(s) is true and correct to the best of my knowledge and belief. 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 will assist Bay Federal Credit Union and authorities in their investigation and/or prosecution including complying with court orders and subpoenas to give testimony.

I swear this Notification of Unauthorized Card Charge 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
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Please return completed form to any Bay Federal Credit Union branch office, fax to 831.600.3403, or mail to: Bay Federal Credit Union, Attention: Card Services, 3333 Clares Street, Capitola, CA 95010.

FOR BRANCH USE ONLY

Received by Branch/Department	Received by Employee	Date
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CONFIRMED CARD IS STATUSED HOT

CREDIT UNION USE ONLY

We certify that our cardholder neither participated in nor authorized the referenced transaction(s). Issuer certifies card was closed on: <input type="text"/> (mm/dd/yyyy).
Issuer certifies fraud was reported on DPS VROL on: <input type="text"/> (mm/dd/yyyy).
Issuer certifies account was placed on the Exception File, with a pickup code on: <input type="text"/> (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: <input type="text"/> (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.