



395 N. Giant City Road • P.O. Box 2888 • Carbondale, IL 62902 • (618) 457-3595 • Fax: (618) 549-8640

FRAUD INVESTIGATION FORM – **VISA CREDIT CARD**

Cardholders must complete this form to dispute credit card transactions. Attach a written explanation if necessary, for example to elaborate further or if none of the dispute reasons below identify your situation. Once complete, return this form along with any supporting documents so that we may begin to process your dispute. If you have any questions please feel free to contact our Card Services Dept. at (618) 549-8633.

Your Information:

Form with fields for Name, Phone, Member #, Address, City, State, ZIP, E-Mail Address, Credit Card #, Card Was (Lost, Stolen, Never Received, In your possession), Date Loss Discovered, Date Loss Reported to SIUCU (and card closed).

\*\*List Unauthorized Charges: (attach additional sheet if necessary)

- 1. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
2. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
3. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
4. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
5. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
6. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
7. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
8. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_
9. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_ Location: \_\_\_\_\_

\*\*Police Report? If yes, list case number, city/state of filing: \_\_\_\_\_

Signature and Affidavit of Fraud

I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my credit card number/plastic, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children made the transactions on or after the date of the first fraudulent charge. I did not receive any benefit from the unauthorized use of my card. Further, I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit 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.

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



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FRAUD INVESTIGATION FORM (continued)

<b>Name:</b>	<b>Account Number:</b>
<b>Card Number:</b>	

\*\* PLEASE KEEP IN MIND THAT YOU ARE **REQUIRED TO CONTACT THE MERCHANT** TO RESOLVE THIS ISSUE BEFORE WE ARE ABLE TO PROCEED.

**When did you contact the merchant?** \_\_\_\_\_

**Whom did you speak to?** \_\_\_\_\_

**Please give a brief explanation of your contact:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b><u>FOR CREDIT UNION USE ONLY</u></b>	
<b>Taken By (including Operator #):</b> _____	<b>Sent to Card Servs. (date) :</b> _____
<b>Card Closed (date/op #):</b> _____	<b>Card Reissued (date/op #):</b> _____