



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

FRAUD INVESTIGATION FORM – VISA DEBIT 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:

Name:	Phone:	Member #:	
Address:	City:	State:	ZIP:
E-Mail Address:			
Debit Card #:			
Card Was: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> 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:** _____



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

FRAUD INVESTIGATION FORM (continued)

Name:	Account Number:
Card Number:	

** 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:** _____

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