



Credit/Debit Card Fraud Investigation Form

Account # _____

Please answer the following questions completely. Do not leave any questions blank. If you have any questions concerning this form, please contact the Call Center at 478-923-3773.

1. At the time of the fraudulent transactions, your card was:

Never Received In My Possession Lost Stolen

2. If lost or stolen, when did you discover it was missing? _____

3. What was the last transaction you completed using your card?

Date: _____ Merchant: _____ Amount: _____

4. Have you ever given your card or card number to someone not on your account to complete a transaction for you? Yes No

Name: _____

Address: _____

Relationship to you: _____

5. Have you ever given your PIN to someone not on your account to complete a transaction for you?

Yes No

Name: _____

Address: _____

Relationship to you: _____

6. Is there anyone that may have access to your card or that you suspect of possible involvement in the theft or misuse of your card? Yes No

Name: _____

Address: _____

Relationship to you: _____

7. If PIN based fraud, how do you believe the suspect obtained your PIN?

8. Has Law Enforcement been notified?

Yes Case # _____ Law Enforcement Agency Contacted _____

No Are you in the process of Notifying Law Enforcement? Yes No

9. If your fraud transactions were completed without a card (for example, by internet or phone):

Did you agree to a free trial from this Merchant? Yes No

If yes, have you contacted the Merchant to cancel? Yes No

10. Have you received any products from the Merchant? Yes No

If yes, did you return the merchandise? Yes; Date Returned: _____ No

11. Have you contacted the merchant to resolve? Yes; date contacted: _____ No

If yes, did the merchant agree to issue credit? Yes No

If No, what was their reason for not issuing credit? _____

*Note: You may be required to contact the merchant and request credit, in lieu of filing a fraud claim



Please list your unauthorized charges below. Do not include any fees incurred.

Date of Transaction	Amount of Transaction	Merchant
Fraud Total		

I did not authorize anyone to use my card or card information, and I did not receive any proceeds or benefits from the unauthorized use of my card. I give my consent to the credit union to release any information regarding my account to any local, state, and/or federal law enforcement agency to be used in the investigation and prosecution of any person(s), who may be responsible for fraud involving my account. I understand that additional information or documentation may be requested to process my case and agree to supply this within 7 days. **Any Fees incurred due to this unauthorized activity will be refunded accordingly.**

Name

Date

Card # Used

Account #

Signature (No electronic signatures)

Daytime Contact #

Submit a completed form to the following:

Fax: 478-322-7306

Email: cardservices@robinsfcu.org

Mail: PO Box 6849, Warner Robins, GA 31095

*Note: To include any additional information about your fraud claim, please use an additional page and attach to this form.