



CARD FRAUD CLAIM FORMS

Instructions for filing a Card Fraud Claim

Please note: This form is only to be used to dispute transactions that you believe to be fraudulent.

A fraudulent transaction is one in which you did not authorize, participate in, or benefit from.

- Someone used your check card OR VISA® Credit Card to make transactions WITHOUT your knowledge or permission.
- You did NOT give your card number to the merchant or authorize anyone to perform transactions with the merchant.

If you are disputing transactions that you do not consider to be fraudulent, please use the Cardholder Non-Fraud Transaction Dispute Form.

1. To submit a dispute using this form, please enter REQUIRED information.
 - Any missing information will cause a delay in the processing of your dispute.
 - Fields with an asterisk * and red outline are REQUIRED
2. The form can be completed by one of the following methods:
 - Complete the fields on-line and then print, sign all pages (recommended)
 - Print the form and then fill it out by hand
3. Return all pages to INOVA via fax at 574-970-5673
4. Your card must be closed.
 - Please call us at 800-826-5465 to close your card.
 - And complete the Card Reorder Form on pg 4

Additional Notes

1. This form must be completed by the person whose name appears on the check card.
2. We cannot process your claim until we have received all of the required information and/or documentation.
3. Include a separate sheet or letter if more room is needed for your explanation or transactions.
4. If any of the below does not accurately reflect your dispute, please write a separate letter and include all of the transaction information listed below.
5. This form must be received by INOVA Federal within sixty (60) days of the transaction date as printed on your statement.

**Please refer to our website - inovafederal.org - on how to file fraud claims for ACH, Checks, or other automated transactions.*

* Cardholder Name:

* Visa card number:

(on which the transaction occurred - enter all 16 digits)



CARD FRAUD CLAIM AFFIDAVIT

- **Complete ALL Fields,**
- **Print Form,**
- **Sign ALL Pages, and**
- **Fax all pages to 574-970-5673**

Cardholder Information

Cardholder's Name	Card Number	# of Cards Issued
Full Mailing Address		
Home Phone	Work Phone	

Type of Card

- Debit
 Credit
 ATM Card
 Visa®
 Master Card®
 Other

If Other, please list below

At the time of the Fraudulent transactions, my card was:

- In my possession
 Lost Card
 Never Received in the mail
 Stolen Card
 Fraudulent Application
 Counterfeit
 Mail/Telephone Order/Internet Fraud

Was Law Enforcement Notified?

Police Report Number

Agency Number

Date Card holder Discovered Loss

Date Card holder Reported Loss to
Credit Union/Processor

Date of First Fraudulent Transaction

- I complete this Cardholder Fraud Claim Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM Card(s).
 - I did not give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
 - I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
 - I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).
 - I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
 - 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 proceeds or benefits from any of those transactions. Total amount of unauthorized transactions (itemized on next page).
- Please include any other information relevant to this claim in the box below.

Name of Unauthorized User (if known)

Address of Unauthorized User (if known)

Authorization and Signature

I give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and federal law enforcement agency so that 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 swear the Cardholder Dispute Form is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.

Signed _____

Date

Fraudulent Transaction Dispute Form

*Cardholder Name:

*Card Number:

I certify that I did not use and that I did not authorize anyone else to use my card for the Disputed Transactions identified below. I also certify that I did not receive any value or benefit in connection with the Disputed Transactions. I have made available below all information and suspicions I have about the Disputed Transactions, including any information regarding the identity of the person who wrongfully used my card for the Disputed Transactions. I authorize you to share the information with law enforcement, banking regulators and other third parties in connection with any investigation of the Disputed Transactions, including any criminal investigation. I agree to cooperate in any such investigation and in the prosecution of any person believed to be responsible for fraudulently using my card. I certify that the information in this Fraudulent Transaction Dispute Form is true and correct.

*Cardholder Signature:

*DATE:

* I certify that my VISA card was:

Lost
 Stolen
 Card Not Received
 Card is in my Possession

Fraudulent Transactions

The following transactions were NOT made by me or anyone authorized to use my Visa card. In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.

***For Institution Use Only**
 Order Draft for the following:

<i>DATE of TRX</i>	<i>AMOUNT</i>	<i>MERCHANT NAME</i>
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Additional Information

Provide Additional Information: Please use an additional page, if necessary.

Required certifications (* The following checkboxes are for Institution Use Only)

We certify that our cardholder neither participated in nor authorized the referenced transaction(s).
 Issuer certifies account was closed on: _____ mm/dd/yyyy
 Issuer certifies fraud was reported on DPS VROL on: _____ mm/dd/yyyy

Issuer certifies account was placed on the Exception File, with a pickup code on: _____ 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: _____ (mm/dd/yyyy 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.

Card PIN Reorder Form

note: some fields on this page are linked to fields on previous pages.

REQUIRED INFORMATION

Account Number
Social Security #
Cardholder Name
Card Holder Address
Home Phone
Work Phone
Alternate Accounts to be accessed

NEW CARD ORDER

Check Card Type:
ATM Card
Equity Link Card
Credit Card Type:

REPLACE CARD

Card Number
 Damaged ***Replacement cards may be subject to \$10.00 Fee***
 Lost
 Stolen

Date Reported lost/stolen to Credit Union:
Time Reported lost/stolen to Credit Union:
Date Card was Stolen:
Date of Last Transaction:
Other Items lost or stolen (ex. wallet, check book, etc)

Was PIN Disclosed: Did you give anyone else permission to use the card?

Date ES was notified to capture card ES Officer Notified - Ext 7500

REPLACE PIN

Replace PIN only

REQUIRED SIGNATURE

I understand that my INOVA Federal Credit Union account(s) must be current and in good standing for this request to be processed. INOVA Federal Credit Union will notify me if the request cannot be processed.

Member Signature

Date

FOR OFFICE USE ONLY

Prepared By

DATE

BRANCH

Card Captured By