



ATM Fraud Report

1) Member Name: _____ Card Number: _____
Account Number: _____ Address: _____
Phone Number: _____ E-mail Address: _____

2) Card and PIN were: Lost/Misplaced _____ Stolen _____

3) Does anyone else have possible access to your card and PIN? Yes _____ No _____

If Yes: Name, address and phone number: _____

4) Does anyone else have possible access to your mail? Yes _____ No _____

If Yes: Name, address and phone number: _____

5) Have you ever given your card to anyone else to transact business? Yes _____ No _____

If Yes: Name, address and phone number: _____

6) Has a Police Report been filed? Yes _____ No _____ Are you willing to prosecute? Yes _____ No _____

If Yes: Please provide details of the Police Report: _____

7) Cardholder Record of Last Use

Merchant/ATM: _____ Date: _____ Time: _____ Amount: _____

8) Unauthorized Transactions: (Attach additional sheets, if necessary)

Date	Type	Transaction Number	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9) Additional Details: _____

10) I declare under penalty of perjury that the foregoing is true and correct.

Member Signature: _____ **Executed on Date:** _____

Office Use Only:

Date of card closure: _____ Employee Name: _____ Branch: _____