



**Cardholder Claim of Fraud
(VISA Debit or Credit Card)**

The Cardholder Claim of Fraud should be completed if someone used your card or card number to make transactions without your knowledge or permission. You did not give your card or card number to the merchant or authorize anyone to perform transactions with the merchant. **The card number will be closed to prevent additional fraud from occurring. The cardholding member must be the person who completes this form.**

Instructions:

1. Complete and sign this form.
2. Submit this form to Summit Credit Union.
 Deliver to any branch or
 Fax to **608-243-5029** Attn: Operations Support or
 Mail to Summit Credit Union
 PO Box 8046
 Madison WI 53708

Name: _____ Card number: _____

Member number: _____ Day phone: _____

Card was: Lost Stolen Never received In my possession at all times when fraud occurred

Date Loss Discovered: _____ Date Loss Reported to Credit Union: _____

Date added to exception file: _____ (OPS use only)

If your PIN was used, tell us how your PIN may have been compromised:

The transaction(s) identified were not made by me or by anyone acting upon my authority or with my consent or knowledge. I have no knowledge of the identity or whereabouts of the person(s) using the card.

I can identify the suspect as: Name _____ Relationship: _____

Address _____ City/State _____ Phone _____

Have you filed a Police Report? YES NO **If yes, please complete**

Case # _____ City/State _____ Officer _____ Phone _____

List Unauthorized Charges: (attach additional sheet if necessary)

1. Date:	Amount:	Merchant:
2. Date:	Amount:	Merchant:
3. Date:	Amount:	Merchant:
4. Date:	Amount:	Merchant:
5. Date:	Amount:	Merchant:

I make this statement for the purpose of establishing the fraudulent use of my card. I certify to the best of my knowledge and belief, that all of the information on this statement is true, correct, complete, and made in good faith. I did not receive any benefit from the unauthorized use of my card. I give my consent to the credit union to release any information regarding my card and/or card account to local, state and/or federal law enforcement agencies so that the 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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I understand that knowingly making a false statement is subject to federal, state, or local statues and may be punishable by fines and/or imprisonment.

Cardholder Signature: _____ **Date:** _____