

Lost, Stolen Cards or Fraudulent Transactions Report and Affidavit



None Suffer Lack
Federal Credit Union
Christ centered...member focused!

Instructions

The NSLFCU is committed to minimizing the inconvenience that this situation has created. The following are quick and simple instructions to help you resolve the situation.

LOST OR STOLEN CARDS

1. Complete **sections A and D** for Lost or Stolen Cards. If you had fraudulent transactions please complete **sections B & C** then sign page 3.
2. Return it to the NSLFCU within **48 hours** of discovery.
3. If the card is stolen, report the theft to the police. If the card has been reported stolen prior to filling out this form, include the police report information in section **D** of this report.
4. Review account history for activity that was not authorized by you. Note: we follow up on all transactions and prosecute to the full extent allowable, therefore make sure that you or any other card holder did not perform the transaction.
5. Continue to review your account for up to 7 days for unauthorized transactions.
6. Review all other accounts and cards from other Financial Institutions for unauthorized activities.
7. If this form was faxed to the NSLFCU then the original form should be returned to the credit union with original signatures no later than 7 days after it was faxed. If the original signatures are not received within 7 days, the provisional credit may be reversed and not recredited until the original signatures are received by the NSLFCU.

FRAUDULENT TRANSACTIONS

1. Contact the merchant that made the transaction(s) on your account. This is required by VISA.
2. Document the conversation, including names of whom you spoke with and what the merchant was willing or not willing to do.
3. Wait the agreed upon time frame for the merchant to resolve the matter for you. (Only if they are going to correct the transaction.)
4. If the merchant has not corrected the transaction, complete this form with as much detail as possible, section C.
5. Complete this form, section A, B, and C and sign page 3.
6. Return it to the NSLFCU within 48 hours of discovery. Include any transaction receipts and or documentation. Our ability to chargeback (Visa's method to correct a transaction) is based on limited time frames and therefore must be handled promptly.
7. The NSLFCU will give you a temporary credit into your account within 9 days while we complete the chargeback process. This will become a permanent credit once we have won your dispute. If per VISA regulations the dispute is not a valid dispute, the provisional credit may be taken from your account.

NSLFCU Contact Information

Mail:

None Suffer Lack Federal Credit Union

Attn: VISA Department

4710 Auth Place, Suite G-1

Suitland, Maryland 20746

Fax Number: 301-899-0305

Phone Number: 301-899-0300

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S e c t i o n A	Name			Home Number				
	Address					Work Number		
	City		State		Cell Number			
	Zip Code			Account Number				

S e c t i o n B	Trans Date	Merchant Name	Transaction Amount	Trans Date	Merchant Name	Transaction Amount		
How did you discover the problem?						How did you discover the problem?		
When did you discover the problem?								
Do you recognize the transactions?								

Fraudulent Transaction

S e c t i o n C	Have you attempted to resolve the dispute with the merchant?					
	Explain situation, including any comments made by the merchant <i>(Attach additional sheet if needed)</i>					
	Do you have the cards in your possession?				Did someone else on your account perform it?	

Lost or Stolen Card Information

S e c t i o n D	When did you last use your card?		Where did you last use your card?	
	When did you last <u>have</u> your card?		Where did you last have your card?	
	Do you know who committed the fraud?		Did you file a police report?	
	Case Number		Police Department	

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I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my VISA/ATM check card to anyone nor give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated on this form. I did not receive any benefit from the unauthorized use of my VISA/ATM check card.

I give my consent to the credit union to release any information regarding my card/and or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or persecution 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 swear this affidavit is true and understand that making false sworn

State of _____

County of _____

Subscribed and Sworn to Me This
_____ Day of _____ 20 _____

Notary Public

Member's Signature

Date

Co-Applicant/Authorized Signer

Date

CU USE ONLY
DATE RECEIVED _____ METHOD RECEIVED _____
REISSUE _____ REVOKE _____ EMPLOYEE INITIAL _____ FEE _____
CMC/FLEX UPDATED _____ CO/OP UPDATED _____