



Member Fraud Form

Fraudulent Use of a Credit, Debit or ATM Card

Cardholder Name	Primary Phone ()	Alternate Phone ()
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Mailing Address	Street	City	State	Zip
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I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	Card Number
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At the Time of the Fraudulent Transaction, My Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	If Law Enforcement was Notified, Please Provide: Police Report Number: _____ Agency Contact Number _____ Agency Name: _____
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Please provide the following information for any person(s) known or suspected to be involved in the **unauthorized** use of the card:

Name	Address	Contact Number
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Relationship to the known/suspected unauthorized user(s):

How Many People Are in Your Household?	What Are Their Ages?
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If Your Credit/Debit/ATM Card was Lost or Stolen, Do You Remember the Last Time You Used it or Had it in Your Possession?

If Your Credit/Debit/ATM Card was Lost or Stolen What Other Items were also Lost/Stolen; Driver's License, Social Security Card, Other Cards, etc?

Date Cardholder Discovered Loss:	Date Cardholder Reported Loss to Truliant:	Date of First Fraudulent Transaction:
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Please Read and Initial by Each Line Item Listed Below:

I completed this Member-Owner Fraud Form for the purpose of establishing fraudulent use of my Credit/Debit/ATM card(s).

I did not give, sell, or trade my card(s)/card information to anyone, nor did I give anyone permission to use my card(s).

I have no knowledge that my spouse, minor child(ren), or anyone else made any transaction(s) on or after the date of the first fraudulent transaction indicated above.

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 after I discovered the unauthorized use of my card.

I have carefully examined all of the unauthorized transactions and in each instance I did not originate or authorize the transaction(s).

I did not receive any proceeds or benefit(s) from any of the listed transactions.

Please Provide a Brief Description of Your Situation if Your Credit, Debit or ATM Card was Not Stolen:

I give my consent to Truliant Federal Credit Union to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency to be used, if necessary, in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. The information I have provided on this Member-Owner Fraud Form is true and accurate, and I understand that making a false statement is subject to federal and/or state statutes which may be punishable by fines and/or imprisonment.

Member's Signature	Date	Co-Applicant/Authorized Signer	Date
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Important Notice: Upon submission and review of this document, the Truliant member may be required to file a police report to support the investigation and prosecution of person(s) involved in the unauthorized use of the card and/or card account information.

Upon receipt of this completed form by the Card Services Department, you will receive written correspondence within 30 days from Truliant Federal Credit Union in regards to the status of this claim. During the investigative process provisional credit may be provided if no additional information is needed from you. If additional information is needed, we will contact you by phone or by mail. A review of this document, and related follow up, may also be completed by Truliant's Security Department.

