

Cardholder Unauthorized Transaction(s) Questionnaire

Member Name _____ Account No., _____

Card Number _____ Daytime Phone _____

Total amount of unauthorized transactions: (attach history with unauthorized transaction highlighted)
Number: _____ Dollar amount: _____ **Date discovered:** _____

****please note, discovery date is required as part of Regulation E guidelines****

If this is a joint account, have unauthorized transactions been confirmed with all account holders? Yes No

Is this card (check one)

Lost When? _____ Where? _____

Date: _____ Time: _____

Stolen When? _____ Where? _____

Date: _____ Time: _____

Card given to _____ With PIN Without PIN

Still in possession of card

Have you always had possession of your ATM or debit card? Yes No

Has the card and PIN been kept in a safe place? _____

Name(s) of individual(s) who have access to your card and PIN and/or live in household:

Who do you believe could have made these transactions? _____

Has a police report been filed? Yes No

Date: _____ Case number _____ City _____

Investigating officer: _____ Phone number : _____

Last legitimate transaction:

Date: _____ Time: _____ Type of Transaction: _____

Amount : _____ Location: _____

Additional information and other comments:

Submitted By: _____ Date: _____

(FFCU employee)

Signature: _____