

SECTION I – CARDHOLDER INFORMATION

Cardholder Name _____ Date _____

Member Number (last 4 digits only) _____ Last 4 digits of Debit Card _____

Daytime Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Email Address _____

SECTION II – Fraudulent Transactions (Lost / Stolen Cards)

- 1) When did you discover your debit card missing? _____
- 2) When did you report your debit card lost or stolen? _____
- 3) When and where was the last transaction you made with your debit card? _____

- 4) How did you realize there were fraudulent transactions made with your debit card?

- 5) Where do you normally keep your debit card? _____
- 6) Where do you keep your PIN? _____
- 7) Have you ever given anyone permission to use your debit card? If so, please provide the name, address, home & cell phone number. _____
- 8) Did you report the incident to the police department? YES NO
Police Department _____ Phone # _____
Report # _____ Name of Investigator _____
- 9) Do you monitor your account through EagleOne or home banking? YES NO
- 10) Please list the vehicle(s) you and/or your family members own and/or drive.

| Make | Model | Year | Color | Primary Driver |
|------|-------|------|-------|----------------|
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SECTION III – List of Fraudulent Transactions

List the transaction(s) that have posted to your account that you are disputing. Do not include NSF, Courtesy Pay Fees, or Visa International Service Assessment (ISA) Fees.

| Date of Transaction | Amount of Transaction | Name & Location of Merchant |
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| Total Fraudulent Transactions: | | |

SECTION IV – CARDHOLDER AFFIDAVIT

The \$15 processing fee will be charged to your account if the investigation reveals the disputed transactions were authorized . My signature below certifies that the information provided is true and accurate and 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 prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I understand that this document is binding and may be used for prosecution. Requests for video tapes of the transaction(s) will be made and turned over to the police for identification of the perpetrator, if applicable. The credit union will communicate with any merchant, financial institution, and/or law enforcement agency necessary in order to identify the perpetrator. I understand my continued cooperation is required to fulfill the investigative requirements of this request and I will cooperate with any request made of me during the investigation. I further understand that willful violations of the Federal Electronic Funds Transfer Act - Regulation E, carry criminal penalties and the fraudulent use of EFT services carries a \$10,000 fine and a 10 year jail term.

Cardholder's Printed Name

Date

Cardholder's Signature

Return signed documents to Fortera Credit Union by either Fax: 931.431.2028, email CardServices@ForteraCU.com or by mail: Fortera Credit Union, Attn: Card Services, 2050 Lowe's Drive, Clarksville, TN 37040.