

MEMBER NAME: _____

MEMBER NUMBER: _____

LIST UNAUTHORIZED CARD TRANSACTIONS BELOW:

DATE	AMOUNT	MERCHANT (COMPANY) NAME	SEQUENCE # (FOR ATM FRAUD)

I did not originate the transaction(s) nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or counterfeited. Further, I did not receive any of the proceeds or benefits of any such item(s) on the above total.

Total amount of unauthorized transactions: \$ _____

For unauthorized PIN based transactions, such as point-of-sale or ATM transactions, I understand I will be liable for \$50.00 or the amount of the unauthorized transaction(s) whichever is less.

ADDITIONAL COMMENTS

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 account.

SIGNATURE(S) REQUIRED

Member's Signature

Co-Application/Authorized Signer

Date

Date