

FRAUD CLAIM PACKET

Check Forgery/Debit Card Fraud

Dear Member,

Fraud is an unfortunate event to which we are all susceptible. United Community Credit Union is here to assist you in the process of recovering your funds. In order to do so we ask for your full cooperation throughout the recovery process.

Our promise is that each instance of fraud will be individually researched and investigated by our internal Fraud Department. We rely on local law enforcement to assist in our investigations as needed. Our goal is to recover your funds and, whenever possible, prosecute the wrongdoer(s) to the full extent of the law. If we are unable to reimburse you for any reason you will be duly notified once that determination has been made.

Once we have received your completed Fraud Claim Packet you will be contacted by our Fraud Officer within three business days. Our Fraud Officer may request that a Police Report be filed, depending on the circumstances surrounding the fraud. If you have already filed a Police Report please provide us with a copy for our investigation.

Please be sure to complete the following so that we may promptly begin our investigation:

- Statement of Fact
- Fraudulent Account Activity - Affidavit (notarized)
- Fraud Transaction List
- Fraud Questionnaire
- Police Report (if one has been filed)

Thank you,

Vivian Villalobos
Risk Specialist
PO Box 606
Galena Park, TX 77547

713-674-5778 x.4023

FRAUD QUESTIONNAIRE

FIID: 001757

Member Name: _____

Account Number: _____

Card Number: _____-_____-_____-_____

Are you a victim of:

- _____ Check Forgery
_____ Debit Card Fraud
_____ Other

Please answer all of the following questions to the best of your ability.

CHECK FORGERY:

- Have you written checks to this individual/business before? _____
If so, when and for what purpose? _____
Who is authorized to use your account? _____
Who have you authorized to sign checks against your account? _____
Where do you store your checks? _____
Who has access to your checks? _____
Who has access to your account information? _____
Who has committed fraud against your account? _____
Have you had previous encounters with the person committing fraud against your account? _____
Do you know the person that has committed fraud against your account? _____
What is the number of the last check you wrote? _____ What was the amount? _____
Who was that check written to? _____

DEBIT CARD FRAUD:

- Have you performed previous transactions with this merchant? _____
If so, when and for what purpose? _____
Who has possession of your card? _____
Who have you authorized to use your card? _____
Who have you authorized to use your PIN? _____
Where do you store your PIN? _____
Who has been with you when transactions were performed at a merchant or ATM? _____
When did you discover your card was missing? _____
Where were you when you discovered your card was missing? _____
Where do you think your card might have been lost/stolen? _____
What is the amount of the last Debit/ATM transaction you performed? _____
Where was that transaction performed at? _____

Check Forgery/Debit Card Fraud/All Other:

- What other items might be missing? _____
Have you filed a Police Report? _____
Are you willing to prosecute if photos are available? _____
Would you be willing to file charges and testify in court even if you know the individual(s) responsible? _____

By signing you acknowledge that you are aware that United Community Credit Union will prosecute the wrongdoer(s) and that your assistance may be required.

Signature of Member

Date



FRAUDULENT ACCOUNT ACTIVITY - AFFIDAVIT

Before me, the undersigned Notary, _____ [Notary], on this _____ day of _____ 20_____, personally appeared _____ [member], known to me to be a credible person and of lawful age, who being by me first duly sworn, on his/her oath, deposes and claims the transactions listed in this Fraud Claim Packet were not performed or authorized by him/her.

Account on which said transactions occurred: _____

_____ signature of affiant

_____ printed name of affiant

_____ address of affiant - line 1

_____ city, state, zip code

Subscribed and sworn before me this _____ day of _____ 20_____.

_____ signature of Notary

_____ printed name of Notary

_____ Notary Seal

NOTARY PUBLIC

My commission expires: _____, 20_____.

Signature of Witness in Lieu of Notary: _____

Printed Name of Witness _____ Date: ____/____/_____



INTERNAL USE ONLY

Claim taken by: _____

Teller Number: _____

Date: _____

1. ____ Verify that the entire Fraud Claim Packet has been completed.
 - a. ____ Statement of Fact
 - b. ____ Fraudulent Account Activity - Affidavit
 - c. ____ Fraud Transaction List
 - d. ____ Fraud Questionnaire
2. ____ Verify that the Affidavit has been notarized.
3. ____ Verify that every page has been signed by the member
4. ____ Print account Transaction History showing all fraudulent activity.
5. ____ Place Stop Payments on relevant checks.
6. ____ Close Debit Card if applicable.
7. ____ Give Cover of Fraud Claim Packet to member.
8. ____ Send the remaining Fraud Claim Packet to the Fraud Department.
9. ____ Take any other necessary action to avoid additional losses.
 - a. Add any additional comments below:
