



DEBIT CARD FRAUD CLAIM PACKET

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 you have completed your Debit Card Fraud Claim Packet you may be contacted by our Fraud Officer. Our Fraud Officer may suggest 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.

The cardholder must notify United Community Credit Union within sixty (60) days from the closing date of the statement on which the transaction first appeared. Please allow up to ten (10) business days for any provisional credit to be issued; however, the investigation may take up to ninety (90) days to complete. Failure to fill out the packet completely or submit necessary documentation may delay processing.

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

- Statement of Fact
- Debit Card Fraud Transaction List
- Debit Card Fraud Questionnaire

Thank you,

Teresa Walker
Core Operations Manager
832-615-4007 | fraud@unitedccu.com
13700 E Sam Houston Pkwy N.
Houston, TX 77044

NORMANDY
771 Normandy
Houston, Texas 77015

GALENA PARK
1700 16th Street
Galena Park, Texas 77547

SUMMERWOOD
13700 E. Sam Houston Pkwy N.
Houston, TX 77044

CROSBY
14028 FM 2100
Crosby, Texas 77532



STATEMENT OF FACT

Please state the details occurring around the fraud that has taken place on your account. It is important to document everything you know regarding the fraudulent activity.

(_____)_____-_____
Member Phone Number

Email Address

Signature of Member

Date



DEBIT CARD FRAUD TRANSACTION LIST

The following transactions were not made by me or anyone authorized to use my VISA debit card.

Date of Transaction	Amount of Transaction	Merchant

In the event additional charges are identified after the completion of this form, I authorize United Community Credit Union to add those subsequent transactions to this form.

Signature of Member

Date

DEBIT CARD FRAUD QUESTIONNAIRE

FIID: 001757

Member Name: _____

Account Number: _____

Card Number: _____ - _____ - _____ - _____

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

I certify that my VISA debit card was:

- Lost Stolen Card not received Still in my possession

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? _____

What is the amount of the last Debit/ATM transaction you performed? _____

Where was that transaction performed? _____

Is your VISA Debit Card missing? _____

If so, 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 other items might be missing? _____

Have you filed a Police Report? _____ Report number: _____

Agency filed: _____ Officer name: _____

Are you willing to prosecute if photos are available? Yes _____ No _____

Would you be willing to file charges and testify in court even if you know the individual(s) responsible? Yes _____ No _____

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

INTERNAL USE ONLY

Claim taken by: _____

Teller Number: _____ Ext: _____

Date: _____

1. ___Has member contacted the after hours Fraud Claim Dept ? ___Yes ___No
If yes, member does not need to complete Fraud Claim Packet.

2. ___Verify that the entire Debit Card Fraud Claim Packet has been completed.

a. ___Statement of Fact

b. ___Debit Card Fraud Transaction List

c. ___Debit Card Fraud Questionnaire (all questions must be answered)

3. ___Verify that all Fraud transactions match transaction history in Galaxy.

4. ___Verify that every page has been signed and dated by the member.

5. ___Close Debit Card.

6. ___Give Cover of Debit Card Fraud Claim Packet to member.

7. ___Scan the remaining pages to fraud@unitedccu.com on date received.

8. ___Take any other necessary action to avoid additional losses.

a. Add any additional comments below:
