

INTERNAL USE ONLY

Claim taken by: _____

Teller Number: _____

Date: _____

1. ___ 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
 - d. ___ Fraudulent Account Activity – Affidavit
2. ___ Verify that the Affidavit has been notarized.
3. ___ Verify that every page has been signed by the member.
4. ___ Close Debit Card.
5. ___ Give Cover of Debit Card Fraud Claim Packet to member.
6. ___ Send the remaining Debit Card Fraud Claim Packet to the Fraud Department.
7. ___ Take any other necessary action to avoid additional losses.
 - a. Add any additional comments below:
