











**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:

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