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 Villalobs
Risk Specialist
PO Box 606
Galena Park, TX 77547

713-674-5778 x.4023

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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.

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(_____)_____-_____
Member Phone Number

_____ _____
Signature of Member Date

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FRAUD TRANSACTION LIST

List all transactions on your account that are fraudulent.

Date of Transaction	Amount of Transaction	Check Number/DC	Made payable to/Merchant

Signature of Member

Date

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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

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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:*_____/_____/_____

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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:

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