



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 313.336.2700 PH 888.336.2700
www.dfcufinancial.com

Check Card Statement of Fraud

Please Read Before Proceeding

1. This form **must** be completed by the person whose name appears on the check card.
2. We cannot process your claim until we have received all of the required information and/or documentation to include a Claim of Fraud and Forgery mailed to you under separate cover from FRAUD MANAGEMENT.
3. The Check Card Statement of Fraud is to be completed if:
 - Someone used your check card or card number to make transactions without your knowledge or permission.
 - You did not give your card number to the merchant or authorize anyone to perform transactions with the merchant.
4. This form **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement.
5. Your card **must** be closed. Please call us at 888.336.2700 during normal business hours, or 888.918.7880 after hours and on weekends to close your card.

Required Information

Please take the following actions:

1. Complete the Check Card Statement of Fraud form.
2. Return the form(s) to DFCU Financial using one of the following methods:

Deliver in person to
any DFCU Financial
branch location.

Or

Mail to:
DFCU Financial
PO Box 6048
Dearborn, MI 48121-9853

Or

Fax to 313.322.8460

3. Complete the CLAIM of FRAUD and FORGERY mailed to you from FRAUD MANAGEMENT and mail back in the blue return envelope provided.

You must complete all of the requested information:

*Required Fields

*Member Number	*Your Name	*Check Card Number
*Daytime Phone Number		*Email Address
*Date You Discovered the Unauthorized Charge(s)		*Date Charge(s) Reported to DFCU Financial
*Status of Card		
<input type="checkbox"/> Lost Date: _____ <input type="checkbox"/> Stolen Date: _____ <input type="checkbox"/> Never Received by You <input type="checkbox"/> In Your Possession		

You must list the Unauthorized Charges below: (Please attach additional sheets if necessary.)

1.	Date: _____	Amount: \$ _____	Merchant: _____
2.	Date: _____	Amount: \$ _____	Merchant: _____
3.	Date: _____	Amount: \$ _____	Merchant: _____
4.	Date: _____	Amount: \$ _____	Merchant: _____
5.	Date: _____	Amount: \$ _____	Merchant: _____

Statement & Authorization

I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my card, nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card. I give my consent to the credit union to release any information regarding my card and/or card account to local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Card Holder Signature _____

Date _____