



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

Debit/ATM Card Point of Sale Fraud Form

Please Read Before Proceeding

1. This form **must** be completed by the person whose name appears on the debit or ATM card.
2. Complete this form if you are reporting *fraudulent* or *unauthorized* transactions NOT performed by the cardholder. Your card **must** be closed. Please call us at 888.336.2700 during business hours or 800.472.3272 after hours or on weekends to close your card.
3. Forms **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement. We will be unable to process your claim until we have received all the required information and/or documentation.

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

Fax to:
Or 313.322.8460

4. Monitor your mail and respond promptly to requests for additional information. Failure to respond by the provided deadlines could result in error denial and reversal of any provisional credits posted to your account.

REQUIRED INFORMATION

Your Contact information: (All fields are required)

Member number	Member name	ATM or Debit Card Number
Daytime phone number		Email
Date You discovered the unauthorized charge(s)		Date charge(s) reported to DFCU Financial
Status of Card at the time of the transaction: <input type="checkbox"/> Lost Date _____ <input type="checkbox"/> Stolen Date _____ <input type="checkbox"/> Never received by You <input type="checkbox"/> In Your possession		
My PIN was stored with the card or written on the card: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Transaction Details: (Please print additional sheets if necessary.)

Merchant Name/Location	Transaction Posting Date (mm/dd/yy)	Transaction Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Debit/ATM Card Point of Sale Fraud Form, continued

UNAUTHORIZED OR FRAUDULENT USE OF CARD OR CARD NUMBER

By signing below, I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my card or card information, nor did I give anyone permission to use my card(s), including anyone in my household. 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.

I have reported the activity to the police: No Yes – complete information below:

Agency: _____

Report Number: _____

Contact Number: _____

STATEMENT & AUTHORIZATION

I declare that the information provided on this form is true and correct.

Card Holder Signature

Date