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

ATM Transaction Statement Of Fraud

Please Read Before Proceeding

1. This form must be **completed by the person whose name appears on the ATM or Debit card**.
2. We cannot process your claim until we have received all of the required information and/or documentation.
3. The ATM Transaction Statement of Fraud is to be completed if:
   - Someone used your debit card or ATM card to perform transactions without your knowledge or permission.
   - You did not authorize anyone to perform an ATM withdrawal or other transaction from your account.
4. Your card must be closed. Please call us at 888.336.2700 during normal business hours, or 833.448.0024 after hours and on weekends to close your card.
5. Forms **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement. 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 313.322.8438

REQUIRED INFORMATION

Your Contact information:

*Required Fields

*Member Number	*Your Name	*ATM or Debit Card Number
*Daytime Phone Number		*Email Address
*Date You Discovered the Unauthorized Withdrawal(s)		*Date Withdrawal(s) Reported to DFCU Financial

*Status of Card at the time of transaction

☐ Lost Date:_____ ☐ Stolen Date: _____ ☐ Never Received by You ☐ In Your Possession

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

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

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My PIN was stored with the card or written on the card. ☐ Yes ☐ No

I knew the (un)authorized user: ☐ No ☐ Yes – complete information below

Name: _____

Address: _____

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

Agency: _____

Report Number: _____

Contact Number: _____

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), 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.

_____ _____

Card Holder Signature Date