

# 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,

Stephen C. Marshall  
Operations Risk Manager  
PO Box 606  
Galena Park, TX 77547

713-674-5778 x.4047





# 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



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_



# 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:

---

---

---

---

---

---

---

---

---

---