



Return completed form to any Congressional Federal Branch, by fax at (703) 934-8307, or by email to email@CongressionalFCU.org.

PLEASE NOTE

- Both pages of this form must be completed and signed by the cardholder prior to the fraud claim being processed.
You must notify Congressional Federal Credit Union within 60 days from the statement date on which the disputed transaction first appeared.
We will process your claim within 10 business days. If we determine your claim is invalid, we will write to you within 10 business days to notify you of our decision. If we are unable to complete the investigation within 10 business days, a provisional credit will be issued to your account for the entire amount of the claim. We will complete most investigations within 45 business days, though certain cases may take up to 90 days. In the event we deny your claim after completing the investigation, we will notify you and reverse the provisional credit 5 business days from the date of our notification.

Fraudulent Use of a Credit Card or Debit Card

Credit Card Debit Card

MEMBER INFORMATION

Member Name:
Mailing Address:
City: State: Zip:
Phone (Home): Phone (Work):
Card Account Number:

FRAUD INFORMATION

At the time of the fraudulent activity, my card was:
Lost Stolen Never Received In my possession at all times when fraud occurred
Date Loss Discovered: Date Fraud Reported to Credit Union:
Date of First Fraudulent Transaction:
I HAVE LISTED ALL UNAUTHORIZED CREDIT CARD/ATM/CHECK CARD TRANSACTIONS ON PAGE 2
Has this loss been reported to a police department? Yes No
Authority Contacted: Phone:

The transaction(s) identified on page 2 of this form were not authorized by me or by anyone acting upon my authority or with my consent or knowledge. I have not authorized anyone else, orally or in writing, nor have I given consent, nor do I have knowledge of implied consent, to use or have possession of this card. Neither I, nor any person(s) authorized to use this card, have received or will receive goods or services, or will otherwise benefit, directly or indirectly, from these identified transactions.

I give my consent to the credit union to release any information regarding my card and/or card account to any 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.

Member Signature: Date:

Co-Applicant/Authorized Signer: Date:

