



PIN Based Transaction Statement of Fraud

Please read before proceeding

1. **This form must be completed by a person whose name appears on the debit card in question.**
2. We cannot process your claim until we have received all of the required information and/or documentation.
3. This PIN based transaction statement of fraud is to be completed if:
 - Someone used your debit card or ATM card to perform transactions without your knowledge of permission.
 - You did not authorize anyone to perform an ATM withdrawal or other transactions from your account.
4. **Your card must be closed.** Please call our Member Contact Center at 877.243.2528 to process your card closure.

Please take the following actions:

1. Complete this form.
2. Return the form to any member center location, fax directly to 248.785.5107 or follow the docuSign instructions.

You must complete all of the requested information below:

*Required fields

*Community Choice Credit Union account number	*Member full name	*Daytime phone number
*ATM or debit card number		*Email address
*Date you discovered the unauthorized transactions		*Date you reported the transaction(s) to Community Choice Credit Union
*Current status of card <input type="checkbox"/> Lost date: _____ <input type="checkbox"/> Stolen date: _____ <input type="checkbox"/> Never received by you <input type="checkbox"/> Currently in your possession		
*Where and when was the last time you used your card?		

You must list the unauthorized transactions below:

*(Please attach additional sheets if necessary)

- | | | |
|-----------------|---------------|-----------------|
| 1. Date: _____ | Amount: _____ | Location: _____ |
| 2. Date: _____ | Amount: _____ | Location: _____ |
| 3. Date: _____ | Amount: _____ | Location: _____ |
| 4. Date: _____ | Amount: _____ | Location: _____ |
| 5. Date: _____ | Amount: _____ | Location: _____ |
| 6. Date: _____ | Amount: _____ | Location: _____ |
| 7. Date: _____ | Amount: _____ | Location: _____ |
| 8. Date: _____ | Amount: _____ | Location: _____ |
| 9. Date: _____ | Amount: _____ | Location: _____ |
| 10. Date: _____ | Amount: _____ | Location: _____ |



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You must complete all of the requested information below:

*Required fields

<p>*My PIN was stored with the card or written on the card: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Have you ever shared your PIN with someone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Have you ever authorized someone other than yourself to use your card? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If yes, whom and when? _____</p> <p>*Name: _____</p> <p>*Address: _____</p>
<p>*I have reported the fraudulent activity to the police: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Theft/stolen card was reported to authorities on (date): _____</p> <p>*Agency: _____</p> <p>*Report number: _____</p> <p>*Contact number: _____</p> <p>*Detective/police officers name: _____</p>

Statement & authorization

I make this statement 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 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 statement is true and understand that making a false statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Member signature

Date