



## ATM/DEBIT CARD UNAUTHORIZED (FRAUDULENT) TRANSACTION FORM

### Instructions:

Use this form to report **unauthorized** (fraudulent) transactions for Signature, ATM or PIN Point-of-Sale (POS) transactions using your First Entertainment Credit Union ATM Card or Debit Card **without** your knowledge or consent. This form must be completed and signed by the cardholder. The completed form must be returned in person at any branch office or by fax to (323) 851-5633 or mail to PO Box100, Hollywood, CA 90078, ATTN: Fraud Specialist. You understand that because the transaction(s) listed on this form was (were) unauthorized, your ATM/Debit Card (hereinafter, "Card") will be closed. A new Card and PIN may be obtained by visiting a branch. To receive a new Card and PIN by mail, please contact us at 888-800-3328. Cards and PINs will be mailed to you within 5-10 business days at the account address on file. The Credit Union reserves the right to deny a new Card.

### Cardholder Information:

|   |  |  |       |     |
|---|--|--|-------|-----|
| Cardholder Name   |  | Credit Union Account No.   |       |     |
| Mailing Address   | Street   | City   | State | Zip |
| ATM/Debit 16 Digit Card Number  |  | Daytime Phone Number   |       |     |
| I requested the Card: <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  | Type of Card: <input type="checkbox"/> ATM Card<br><input type="checkbox"/> Debit Card   |       |     |
| At the time of the fraudulent transaction(s), Card was:<br><input type="checkbox"/> In my possession <input type="checkbox"/> Lost<br><input type="checkbox"/> Never received <input type="checkbox"/> Stolen |  | Was law enforcement notified? (Attach your copy of police report)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |       |     |
| Date Cardholder Discovered Loss:  | Date Cardholder Reported Loss to Credit Union: | Date of First Fraudulent Transaction:  |       |     |

### I further certify that:

- I am completing this ATM/Debit Card Unauthorized Transaction Form for the purpose of establishing fraudulent use of my Card.
- I did not give, sell, or trade my Card to anyone nor did I give anyone permission to use my Card.
- I did not receive proceeds or any benefit from the unauthorized use of my Card.
- I did not use my Card nor authorize the use of my Card by anyone else after I discovered the unauthorized use of my Card.
- I have not arranged with the person(s) who misused the Card to be reimbursed for proceeds of the Card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transactions nor authorize them.

Account Number \_\_\_\_\_

Total amount of unauthorized transactions itemized on the attached page: \$ \_\_\_\_\_.

\_\_\_\_\_  
Name and Address of Unauthorized User (if known)

\_\_\_\_\_  
Please provide details (if necessary) on a separate sheet

I give my consent to First Entertainment Credit Union to release any information regarding my Card and/or my Card account to local, state and/or federal law enforcement agencies 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. Furthermore, I have made available to First Entertainment Credit Union all knowledge, ideas or suspicions, if any, of the identity of the person who wrongfully used my Card and should any other information concerning this matter come to my attention, I will immediately report the same in writing to First Entertainment Credit Union. I agree to assist and cooperate fully, without limitation, with any investigation pertaining to this matter, whether by federal, state, local or bank investigators, including testifying as a witness in any hearing, proceeding or action brought against the person(s) responsible for the transaction(s). I certify under penalty of perjury that the foregoing and all other statements made by me in connection with this dispute are true and correct. I understand that making a false statement to a federally insured financial institution may be a violation of federal and/or state laws and may be punishable by fines and/or imprisonment.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

***In Branch Use Only***

|                               |                      |       |
|-------------------------------|----------------------|-------|
| Received by Branch/Department | Teller ID# and Name: | Date: |
|                               |                      |       |

