Cardholder Claim of Fraud Cover Sheet

(for UWCU Credit Card, Debit Card or ATM Card)

This entire form (or similar document) must be completed by cardholder prior to the fraud claim being processed. Please return within 10 business days to University of Wisconsin Credit Union. Or, fax to 608-236-2348.

This ***Cardholder Claim of Fraud*** *form* should be completed if someone used your credit card, debit card, or ATM card to make transactions without your knowledge or permission. You did not give your card or card number to this merchant or authorize anyone to perform transactions with this merchant.

The card associated with the fraudulent transactions will be cancelled to prevent additional fraud from occurring and will be closed if not done so already.

The ***Cardholder Dispute*** *form* should be completed if you have initiated a credit card or debit card transaction with a merchant and are now disputing the transaction.

Instructions:

1. Enter your personal information on this form.
2. Complete the *Cardholder Claim of Fraud* or similar statement regarding your claim
3. Submit this Cover Sheet along with the *Cardholder Claim of Fraud* to the Card Services department at UW Credit Union.
   - Deliver to any UWCU branch or,
   - Mail original to: UW Credit Union, Attn: Card Services
     P.O. Box 44963
     Madison, WI 53744-4963
   - You may fax a copy to **608-236-2348** Attn: Card Services, prior to delivering or mailing the original to us.

Your Information:

Name: _____ Member #: _____

Day Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Card Type: VISA CREDIT ☐ VISA DEBIT ☐ ATM CARD ☐

Time Frames for processing your claim:

Debit Cards: Debit card fraud claims fall under Federal Regulation E, which states that we are allowed 10 business days to investigate a fraud claim to determine if provisional credit is warranted. If provisional credit is warranted, you will receive provisional credit within 10 business days. If a provisional credit is not warranted, or if all required information has not been provided, we will contact you within 10 business days. Longer time frames apply for new accounts.

Credit Cards: Credit Card fraud claims fall under Federal Regulation Z. Your claim will be investigated within 14 business days of receipt of your *Cardholder Claim of Fraud*. If it is determined that your claim is valid, the fraudulent transactions will be transferred from your new credit card account to the blocked credit card account. If there are any questions regarding your claim, you will be notified via phone or letter.

Cardholder Claim of Fraud

This form must be submitted with the Cardholder Claim of Fraud Cover Sheet. This form must be completed and returned to UW Credit Union.

Name: _____ **Card Number:** _____

The above-referenced UWCU Visa Card was (PLEASE MARK ONLY ONE APPROPRIATE SELECTION):

☐ **UNAUTHORIZED USE OF CARD**: I still have possession of the card and transactions were made without my knowledge and/or consent.

☐ **LOST:** I discovered the card was missing on: _____/_____/_____ Card has been lost. I have not used, authorized or benefited from the Card identified above for the purchase of merchandise, services, cash or for any other purpose.

☐ **STOLEN:** I discovered the card was missing on: _____/_____/_____ Card has been stolen. I have not used, authorized or benefited from the Card identified above for the purchase of merchandise, services, cash or for any other purpose.

☐ **OTHER:** _____

Circumstances: Please explain, to the best of your knowledge, how your card and/or card number was compromised. (Attach a separate sheet of paper if more space is needed)

_____

_____

If your PIN was used, tell us how your PIN may have been compromised _____

_____

☐ **The transaction(s) identified were not made by me or by anyone acting upon my authority or with my consent or knowledge. I have no knowledge of the identity or whereabouts of the person(s) using the card.**

☐ **I can identify the suspect as:** Name_____Relationship:_____

Address _____City/State_____Phone _____

Have you filed a Police Report? ☐**YES** ☐**NO** **If Yes, please complete.** (In some cases, a police report may be required)

Case #_____City/State_____Officer_____Ph:_____

List of fraudulent transactions: (List additional transactions on the next page if necessary)

☐ 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 said credit/debit/ATM Card/Number. I have not received, and will not receive goods, services, or otherwise benefit, directly or indirectly, from transactions made on this claim.

#	Amount	Date	Merchant
1			
2			
3			

#	Amount	Date	Merchant
4			
5			
6			

For Credit Union Card Services Staff use only: RCVD:_____/_____/_____ Closed By:_____

☐ **As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s).**

☐ **Issuer certifies account was closed _____/_____/_____.**

☐ **Issuer certifies Visa Fraud Reporting was completed on _____/_____/_____.**

☐ **Issuer certifies account was placed on Exception File, with a pickup code on _____/_____/_____.**

☐ **Issuer certifies dispute was received via their Online Secure Banking Environment and that unique identity represents the cardholder's signature.**

List of Fraudulent Transactions, Continued:

Card Number_____

	Amount	Date	Merchant
7			
8			
9			
10			
11			
12			
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