

# ATM Fraud Form



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Member Number \_\_\_\_\_ Card Number \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

## Fraudulent/Unauthorized Transactions

(Charges must have occurred within the last 60 days)

	Date	ATM Location	Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
<b>Total Loss Amount:</b>			\$

### Select One of the Following:

- Lost/Stolen:** My card is no longer in my possession.
- Counterfeit:** I have my card and transactions have occurred without my consent.

Have you ever shared your PIN with anyone? If so, who?  Yes  No \_\_\_\_\_

### Additional Comments

### Written Disclaimer

I confirm the information contained in this document is truthful. By signing this document I acknowledge SECU may release the information contained herein to law enforcement officials for investigative purposes.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this completed form by fax or e-mail to SECU Security within ten (10) days of discovering the suspected fraud. Pending an investigation, credits will be issued within ten (10) business days of receipt.

Fax: 410-487-7479; E-mail: SECU.Security@secumd.com