

Member Plastic Fraud Packet

What is fraud?

- Fraud is when your card has been lost, stolen or is still in your possession and purchases are being made without your authorization.

Example 1: You have the card in your hand and purchases are being made in another state or country.

Example 2: Your card has been stolen and purchases were made before you realized the theft and reported the card stolen.

How do I file a claim?

- You have **60 days** from the time you receive your statement, on which the error appears, to file a claim.
- After you have contacted your financial institution, complete the necessary forms and collect any additional documentation. Return all of the information to your financial institution as quickly as possible.
- Provisional credit may be granted after your completed forms and information have been received. If your completed forms are not received within **10 business days** from initial notice to GLCU, then provisional credit may be withheld and any previously posted provisional credits to your account may be reversed.
- The fraud process will take at least **45 days** to complete, once the necessary information has been provided.

This fraud packet contains all of the forms and information necessary to file and process your claim. Please make sure the following pages are enclosed:

- Member Fraud Checklist (1 page)
- Cardholder Dispute Form (1 page)
- Cardholder Fraudulent Transaction Form (3 pages)

If one or more forms are missing, please contact Great Lakes Credit Union at: **(800) 982-7850** before completing and mailing your packet.

GLCU Member Fraud Checklist

Please complete all of the following steps to ensure that your claim is processed as quickly as possible. When writing your explanations please be as detailed as possible and do not hesitate to attach additional pages if needed.

GLCU recommends the cardholder:

- Complete the Cardholder Dispute Form.**
- Complete and sign the Cardholder Fraudulent Transaction Form.**
- File a police report with your local police department and get a copy of the report.**
- If you are in the military, get a detailed statement from your Commanding Officer.**
- Cut your cards in half and attach them to the Cardholder Fraudulent Transaction Form.**
- Make a copy of your ID. (Drivers License, State ID or Military ID)**

Please return your completed forms to:

**Great Lakes Credit Union
Attn: Card Services Department
P.O. Box 1289
Bannockburn, IL 60015**

You may fax or e-mail your forms to GLCU; however you must then mail the originals to the above address.

CardServices@glcu.org

GLCU Card Services Fax#: (847)-887-8771

If you have any questions or need help completing your forms, please contact GLCU at: **1-800-982-7850**.

Great Lakes Credit Union will begin investigating any disputed transactions immediately. However, if GLCU does not receive these forms **within 60 business days** from the statement of the disputed transaction, then GLCU will be unable to proceed with your claim and will consider the disputed transaction(s) to be valid.



CUNA MUTUAL GROUP

CUMIS Insurance Society, Inc.

Claim Number
Credit Union Great Lakes Credit Union
Contract Number 012-0320-4

Cardholder Dispute Form

Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Cardholder Information		
Cardholder Name	Home Phone ()	Work Phone ()
Mailing Address	Street	City State Zip
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction

• I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).

- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
 - I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).
 - 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 examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
 - Further, I did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions (itemized on the back of this page or on an attached page): \$

Name and Address of Unauthorized User (if known)

Please provide details (if necessary) on a separate sheet.

Signatures

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. I swear this Cardholder Dispute Form 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.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____, _____.

_____ (Notary Public)(Optional)	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">_____</td> <td style="width: 20%; border: none;">Date</td> </tr> <tr> <td style="text-align: center; border: none;">Member's Signature</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Date</td> </tr> <tr> <td style="text-align: center; border: none;">Co-Applicant/Authorized Signer</td> <td style="border: none;"></td> </tr> </table>	_____	Date	Member's Signature		_____	Date	Co-Applicant/Authorized Signer	
_____	Date								
Member's Signature									
_____	Date								
Co-Applicant/Authorized Signer									

Cardholder Fraudulent Transaction Form

Name: _____

Card number: _____

I certify that my credit/debit card was:

Lost (0) Stolen (1) Card Not Received (2) Counterfeit (4) Fraudulent use of card (6)

The following transactions are fraudulent and were not made by me or anyone authorized to use my credit/debit card.

1. Date: _____ Amount: _____ Merchant: _____

2. Date: _____ Amount: _____ Merchant: _____

3. Date: _____ Amount: _____ Merchant: _____

4. Date: _____ Amount: _____ Merchant: _____

5. Date: _____ Amount: _____ Merchant: _____

6. Date: _____ Amount: _____ Merchant: _____

7. Date: _____ Amount: _____ Merchant: _____

8. Date: _____ Amount: _____ Merchant: _____

9. Date: _____ Amount: _____ Merchant: _____

10. Date: _____ Amount: _____ Merchant: _____

11. Date: _____ Amount: _____ Merchant: _____

12. Date: _____ Amount: _____ Merchant: _____

13. Date: _____ Amount: _____ Merchant: _____

14. Date: _____ Amount: _____ Merchant: _____

15. Date: _____ Amount: _____ Merchant: _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my bank to add those subsequent transactions to this affirmation.

Cardholder signature

Date

Institution use only:

As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s). In addition we certify the following information: Issuer certifies account was closed __/__/__. Issuer certifies fraud was reported on DPS VROL __/__/__. Issuer certifies account was placed on the Exception File, with a pickup code on __/__/__. Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

Cardholder Fraudulent Transaction Form

As stated in your Account Disclosure, your liability for unauthorized use of your Visa Check or ATM card at an ATM machine will not exceed **\$50.00**.

If you have any questions or concerns, please contact Great Lakes Credit Union CardServices Department at:
800-982-7850

Attach Cards Here: