



# Claim of Fraud and Forgery

Date \_\_\_\_\_

Account Number \_\_\_\_\_ Debit Card Number \_\_\_\_\_

Issuer: Lake Trust

I, \_\_\_\_\_ residing at \_\_\_\_\_, in the county of \_\_\_\_\_, state of \_\_\_\_\_, herein declare that my cards(s), described above, was: (please check to what applies to your claim

**Lost** \_\_\_\_\_ **Stolen** \_\_\_\_\_ **Unauthorized** \_\_\_\_\_ **card still in your possession** \_\_\_\_\_

Date the transaction(s) happened \_\_\_\_\_ and was reported to the credit union on \_\_\_\_\_.

**A police report** was filed (report # \_\_\_\_\_ Police Agency \_\_\_\_\_) **was not filed**

I have not used this card ending \_\_\_\_\_ for the purchase of merchandise, services, cash advance, on the sales listed below. 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 card ending \_\_\_\_\_. I have not, and will not, receive good, service or otherwise benefit, directly or indirectly, from the fraudulent transactions listed below.

I further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency. I have examined the following list of transactions:

### Transactions

Date \_\_\_\_\_ Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Merchant Name \_\_\_\_\_ Amount \_\_\_\_\_

The above identified transaction(s) were not made by me or by anyone acting upon my authority or with my consent or knowledge.

Please check one of the following:

\_\_\_ I have no knowledge of the identity or whereabouts of the person(s) using the Credit Card

\_\_\_ I can identify the suspect as: Name \_\_\_\_\_, Address \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_, Phone: \_\_\_\_\_

### Required:

Primary Member's Signature: \_\_\_\_\_

Secondary Member's Signature: \_\_\_\_\_

Authorized User: \_\_\_\_\_

Authorized User: \_\_\_\_\_

Send Completed Form To: Lake Trust Credit Union, Attn: Credit Union Protection, 4605 S Old US Highway 23  
Brighton, MI. 48114 or Fax to 517.267.7011

### For Credit Union Use Only

Form Accepted By: \_\_\_\_\_

Help Desk Request must be completed prior to sending form to Credit Union Protection