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Email completed and signed forms to info@rutgersfcu.org with a copy of Valid ID

MasterCard Debit Card Fraud Claim

For the credit union to process your MasterCard fraud claim in a timely manner, please follow this comprehensive member guide.

Rutgers Federal Credit Union's policies and procedures for processing fraudulent transactions are governed by the Electronic Funds Transfer Act and Regulation E.

When you submit a fraud claim, the credit union is acting on your behalf between you and the merchant. MasterCard will make the final decision as to whether or not the credit union is authorized to charge back the merchant for your purchase. If MasterCard consents to your fraud claim, a charge back is filed with the merchant and you will be reimbursed. Should MasterCard deny your fraud claim you will not be credited. *Note: Per regulation; the credit union will only process fraud transactions greater than \$50.00. Members are fully responsible for fraud less than \$50.00.*

Fraudulent Transactions

A fraudulent transaction occurs only when you have no knowledge of who used your card and you can state with certainty that you were not aware of the transaction. You must notify the credit union within two (2) business days* upon discovering fraud. You will be required to sign an affidavit attesting to the fact that you have no knowledge of who completed the transaction(s) in question. The credit union reserves the right to require you to complete a police report if we deem it necessary for our investigation. You are responsible for all transactions you authorize using your Debit Card if you voluntarily permitted someone else to use your card and/or your PIN number.

What we need from you to process your fraud claim:

1. Cardholder Fraudulent Transaction Dispute Form
2. Statement of Occurrence
3. Signed Dispute of Fraudulent Use of an ATM Card, or Debit Card Form

How Rutgers Federal Credit Union will process your fraud claim:

1. We will begin processing your claim as soon as you notify us. You may notify us in writing, over the phone, or in person at any of our branch locations.
2. RFCU has ten (10) business days to process your claim. The claim process may take up to forty-five (45) days; however if we cannot complete our investigation within a ten (10) day period, we will provide you with a provisional credit to your account for the amount of the claim. Note: if your claim is determined by MasterCard to be invalid, we will debit your account for the entire amount of the provisional credit within three (3) days of completing our investigation.
3. You will be notified in writing once our investigation has been completed.

*Our business days are Monday through Friday. Credit Union Holidays are not included.

REVIEWED BY: _____

Fraudulent Transaction Form

Name: _____

Phone number: **ATM debit card number** :

I certify that my ATM/Debit card was:

Lost Stolen Card not received Counterfeit Fraudulent use of card

and the following transactions were not made by me or anyone authorized to use my card.

Total amount of fraudulent transaction(s): _____

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.

Signature: _____ Date: _____

Institution use only:

Date: _____

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 fraud was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.

Statement of Occurrence for Fraudulent Transactions

This form will help Rutgers FCU complete an investigation regarding your claim for a fraudulent transaction on your account(s) with us. Please fill out this form in its entirety.

I am filing a claim for a(n):

~~Debit/ATM Card Dispute~~ Debit/ATM Card Fraud Check Fraud Unauthorized ACH

Name: _____ Member Number: _____

Debit/ATM Card Number: _____

Please tell us in your own word what happened:

I represent and warrant that I have disclosed all facts as I know them.

Signature: _____ Date: _____

Date: _____

Teller Initials: _____

Fraudulent Use of an ATM Card, or Debit Card

Credit Card

ATM Card

Debit Card

CARDHOLDER INFORMATION

I make this statement for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my Credit/ATM//Debit to anyone nor give anyone permission to use my card(s), I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my Credit/ATM/Debit card.

Cardholder / Members Name(s)

No. of Cards Issued

Date Loss Discovered

Card Account Number

Type of card loss

Lost Stolen Never Received
 In my possession at all times when fraud occurred

**LIST UNAUTHORIZED
CREDIT/ATM/DEBIT
TRANSACTIONS BELOW**

Date Loss Reported to Credit Union

Date of First Fraudulent Transaction

(A system screen print of the transactions can be provided as an attachment instead of listing them below)

Transaction Number	Date	Amount	Transaction Number	Date	Amount
Name and Address of Unauthorized User (if known)					

Has this loss been reported to police department?

Yes No

Authority contacted _____

Address _____

Phone () _____

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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit 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 by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature _____

Co-Applicant/Authorized Signer _____

