



P.O. Box 26406
Oklahoma City, OK 73126
405/682-1990
1-800-448-1990

FRAUD INVESTIGATION FORM

1. My mailing address is _____
My telephone number at home is _____ and at work is _____
2. My credit/debit card was issued by True Sky Credit Union and the account number is: _____
3. The above card was requested by me. ☐ YES ☐ NO
4. The following other person(s) were issued card(s) in their name(s) with the same account number as my Card:

5. To the best of my knowledge, my Card was: (check one of the following)
☐ Lost on approximately _____
Month/Day/Year
☐ Stolen on approximately _____
Month/Day/Year
☐ Never Received
☐ In my possession at all times when the fraudulent transaction(s) occurred.
6. I learned of the fraud on approximately _____. I reported my card lost/stolen on _____.
Month/Day/Year Month/Day/Year
7. The transactions listed on the following page(s) of this form were (check the box next to each true statement):
☐ Not made or authorized by me.
☐ To the best of my knowledge not made by any person who was authorized to use my Card.
☐ To the best of my knowledge not made by any person listed in Section 4 above.
8. I did not receive any benefit from the transactions listed on the following page(s).
9. I ☐ do ☐ do not have knowledge of the identity of the person(s) illegally using my name, account number or Card.
(If you have such knowledge, please provide this information in the section provided on the bottom of page two.)
10. I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state or local 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.

Primary
Cardholder Signature _____

Secondary
Cardholder Signature _____

List of Unauthorized Transactions

(If you are aware of additional fraud charges that are not listed, please add them below or to the backside of this page.)

Transaction Date	Transaction Amount	Merchant Name

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person(s) who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).

For Credit Union Use Only:

Account Number

FSR

Date

Branch