



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 _____

