



# New England Federal Credit Union

## Statement of Occurrence of Unauthorized Electronic Funds Transfer: ATM/Debit

### Written Confirmation Requirements:

Please complete the information requested below and return to the following address or drop it off at any branch.

NEFCU  
PO Box 527  
Williston, VT 05495  
ATTN: Account Services  
Or Fax: 802.764.6554

Business Debit Cards and transactions are not protected under Federal Regulation E and will **NOT** be subject to the provisions of this consumer liability.

### Cardholder Statement

At the time of the unauthorized fraudulent transaction(s), my card was:

- In my possession
- Never Received
- Lost; date lost: \_\_\_\_\_
- Stolen; date stolen \_\_\_\_\_

Date you first noticed the unauthorized transactions(s): \_\_\_\_\_

Date you notified NEFCU & blocked card: \_\_\_\_\_

Was law enforcement notified?  Yes  No

Date law enforcement was notified: \_\_\_\_\_

Report/Case Number: \_\_\_\_\_

- Have you ever provided your PIN to anyone else?  Yes  No
- Are you willing to prosecute any person who attempts to defraud NEFCU?  Yes  No
- I did not give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card(s).  
 True  False
- I did not use my card, authorize the use of my card by anyone else, nor have any knowledge that any family member performed any transaction(s) on or after the date of the first fraudulent transaction indicated below.  Yes  No
- I did not receive any benefit from the unauthorized use of my NEFCU card nor from any of the unauthorized transactions that occurred.  Yes  No

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I complete this Statement of Occurrence for Unauthorized Electronic Funds Transfer Form to establish the unauthorized use of my NEFCU Card. By signing this form I am certifying that all information on this form accurately reflects the unauthorized use of my card.

**Unauthorized Case Information**

Member name: \_\_\_\_\_ Card number: \_\_\_\_\_

Date of 1<sup>st</sup> transaction: \_\_\_\_\_ Member Number: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Complete list of Unauthorized Transactions**

1. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
2. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
3. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
4. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
5. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
6. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
7. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
8. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
9. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
10. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
11. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
12. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
13. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
14. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_
15. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

**Additional Information:**

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