

# MASTERCARD® FRAUD NOTIFICATION



CARDHOLDER NAME	ACCOUNT NUMBER	PERSON NUMBER (CU use only)
IMPACTED MASTERCARD® NUMBER		DAYTIME PHONE NUMBER

At the time of the unauthorized transaction, your card was:

- Lost  
  Stolen  
  In my possession

<b>LIST OF FRAUDULENT TRANSACTIONS</b>	<b>INTERNAL USE ONLY</b>
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Transaction Date	Amount	Merchant Name	ACQ Reference #	CB
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

<b>CARDHOLDER ACKNOWLEDGEMENT</b>
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- I attest that I did not authorize or participate in any of the above transactions.
- I authorize BECU to disclose any and all information associated with this claim to law enforcement for the purpose of this investigation.
- I understand that the Mastercard® in which the fraud occurred will be blocked immediately upon receipt of this form.
- I understand that resolution of this investigation can take up to 10 business days, unless otherwise notified by BECU.

CARDHOLDER SIGNATURE (REQUIRED)	DATE
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CARDHOLDER NAME	IMPACTED MASTERCARD® NUMBER
<b>Answer the following questions completely.</b>	
1. If your card was lost or stolen, when did you discover it was missing? Date:	
2. Have you ever given your card or card number to someone to complete a transaction for you? Name: Relationship to you:	
3. Have you ever given your PIN to someone to complete a transaction for you? Name: Relationship to you:	
4. Is there anyone that had access to, or that you suspect is involved in the theft or misuse, of your card? Name: Relationship to you:	
5. If PIN based fraud, how do you believe the suspect obtained your PIN?	
6. If case was filed with law enforcement, please provide a copy of the police report to Financial Crimes: Name of Agency: Case Number:	
<b>ADDITIONAL INFORMATION</b>	
<div style="border: 1px solid black; height: 428px; width: 100%;"></div>	
CARDHOLDER SIGNATURE (REQUIRED)	DATE

**If form is not submitted electronically, please return completed and signed form to:**  
**BECU, M/S 1062-1 PO Box 97050 Seattle, WA 98124-9750**  
**or fax to Financial Crimes at 206.805.2259**