

Dear Navy Federal Member:

This letter is in reference to your Navy Federal Visa® Check Card. Thank you for alerting us about potential fraud activity on your account. If someone else has used your account without your knowledge and authorization, this is a serious matter. We will do everything we can to resolve this issue in a timely manner. **The Visa Check Card associated with the fraudulent transactions will be canceled immediately**, if not done so already, upon receipt of your completed Statement of Forgery.

Enclosed is a Statement of Forgery. This form must be **completed and signed** by the cardholder. Please return the Statement of Forgery within 10 business days of receiving this letter. A delay in returning this form will not only delay your provisional credit, but also may reduce our ability to resolve the issue. If you still have the card in your possession, please destroy it immediately.

For your convenience, the Statement of Forgery is broken down into three sections. In the first section, you will provide the card number that was used fraudulently, your Access Number, and contact information. In the second section, you will provide information regarding how the fraudulent activity may have occurred (e.g., lost card, stolen card, stolen account number) and any information about who may be responsible for the charges. You are also required to provide your signature in this section. In the third section, you will **list all the fraudulent charges**, to include the amount, date, and merchant name. To expedite your claim, you may **fax the completed form to 703-206-4516**. Otherwise, you may mail it in the envelope provided. Be sure to make a copy of the Statement of Forgery for your records.

Once Navy Federal has received your Statement of Forgery, it will be assigned to a Fraud Resolution Specialist. Please be aware that the role of a Fraud Resolution Specialist is to pursue reimbursement avenues intended to reduce losses. They do not initiate criminal investigations; however, a Specialist may contact you during the claim process if additional information is needed in reference to your claim. **Please note:** if we determine the charges to be valid, they may be applied back to your account.

The security of your account is our first priority. If you have any concerns or need assistance completing this Statement of Forgery, call toll-free in the U.S. at 1-888-842-6328 or toll-free internationally at 1-800-0-842-6328. Representatives are available 24 hours a day to assist you. If you are enrolled in Navy Federal's online Account Access, you may send your questions through **navyfederal.org** by selecting "Account Services" and "Send Us a Message."

Navy Federal®

Section 1

Statement of Forgery for Visa® Check Card/Business Check Card

The Visa Check Card associated with the fraudulent transactions will be canceled immediately, if not done so already, upon receipt of your completed Statement of Forgery. This entire form must be completed where applicable and **SIGNED** by the cardholder, then returned to Navy Federal.

Cardholder Name: First	MI	Last	Suffix	Access Number	
Visa Check Card Number	Daytime Telephone No.	Alternate Phone No.	-	Date Reported to Navy Federal (MM/DD/YY)	
Section 2					
I,	, residing	at			
state to the best of my knowledge	ge that the above-referenced Visa C		e mark only	one appropriate selection):	
Lost: Date Card Lost withdraw cash, or for any other		Check Card identified al	bove for the p	urchase of merchandise or services, to	
Stolen: Date Card Stolen		the Check Card identifie	ed above for the	e purchase of merchandise or services,	
	er purpose since the above date. requested a Check Card from Navy Fede	ral Credit Union, but neve	er received the c	card in the mail	
	Check Card in my possession when my a			zara in the main	
Never Requested: I never requ	ested a Check Card from Navy Federal C	Credit Union.			
have I given consent nor do I have I		or have possession of sa	aid Visa Check	zed anyone else, orally or in writing, nor Card/Number. I have not received and the date shown above.	
I believe that sales drafts, ATM transa		cations bearing my purpo	orted signature,	, or the purported signature of person(s)	
made in good faith. I also understar jurisdiction as they deem appropriate	nd that this affidavit may be provided to	o federal, state, and loca any false or fraudulent sta	l law enforcem atement or rep	s affidavit is true, correct, complete, and nent agencies for such action with their resentation on or with this affidavit may a fine, imprisonment, or both.	
Cardholder Signature (Required)					
Section 3		. 4 (b) waste or the a Octob	
The transaction(s) identified were not made by me nor	☐ I have no knowledge of the identity or whereabouts of the person(s) using the Card. ☐ I can identify the suspect as: Name				
by anyone acting upon my authority or with my consent	Address				
or knowledge.	Phone No.	Social Security Number	_		
and transaction date for each char	the space below to ensure that they a	rges, you may attach a	copy of your b	de the merchant name, dollar amount, billing statement(s) with the fraudulent es on the back of this affidavit.	
Transaction Date (MM/DD/YY)	Merc	hant Name		Dollar Amount	
/ /				\$	
1				I I	

List Continues and Signature is Required on Back



\$

\$

\$

List of Fraudulent Transactions (Continued)

Transaction Date (MM/DD/YY)	Merchant Name	Dollar Amount
/ /		\$
/ /		\$
/ /		\$
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Signature		Date (MM/DD/YY)