

Sample EFT NOTICE OF ERROR CLAIM FORM

- Use this form for *PIN* based transaction only – transaction description must read “POS” or “WITHDRAWAL”
- Do not use this form for *signature based* transaction or when the transaction description indicated a MasterCard/Visa debit card was used.

Section 1 - Completed By Bank

Today's Date _____ Account Number _____ Card No. _____ SSN _____

Customer Name _____ Home/Work Phone _____

Address _____

List the dates, amounts, and locations of the transactions being reported as errors/unauthorized.

NOTE: If amount requested differs from amount received, complete "\$ Received" line.

Date of Trans.	Amount	Posted	Location of ATM/POS	\$ Received
		Yes ___ No ___		
		Yes ___ No ___		
		Yes ___ No ___		
		Yes ___ No ___		
		Yes ___ No ___		

(Add additional sheets as needed, have each initialed.)

Section 2 – Completed by Customer

During the investigation, card privileges will be suspended. To assist in this investigation, please report this incident to the applicable local law enforcement agency and provide the bank with the contact information and case number.

- On what date did you first realize the unauthorized withdrawals from your account? _____
- My card was lost ___ stolen ___ on or about _____
- **On the back of this form**, explain how card and PIN were obtained in order for the unauthorized transactions to have occurred.

Please provide names of individuals you have allowed to use your card:

Name _____ Relationship _____

Address _____ Home / Work Phone _____

Name _____ Relationship _____

Address _____ Home / Work Phone _____

Notice to the Customer

1. Under Regulation E, which implements the Electronic Fund Transfer Act, a financial institution has a minimum of 10 business days to research an alleged error before any re-crediting is required. Notification of the results of the investigation and of any re-crediting will be delivered by mail.
2. The transaction(s) described above were not originated with fraudulent intent by me or any person acting for or with me. I neither conducted, authorized, nor benefited from these transactions. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.
3. For reports of unauthorized use, I understand that I may be asked to *cooperate in the prosecution* of the person(s) improperly using my card and to review suspect's photos taken during the transaction.

Customer Signature _____ Date: _____

Employee Name _____ Employee Signature _____

Route this form to: _____ Deactivate Card: _____ Investigator Assigned: _____

When complete, fax to: Rhonda Buckles (435) 865-2365

TO BE COMPLETED BY CUSTOMER

Date of Trans.	Amount	Posted	Location of ATM/POS	\$ Received
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		

When complete, fax to: Rhonda Buckles (435) 865-2365