



Northeast Family Federal Credit Union

LOST OR STOLEN ATM/DEBIT FORM

\$15.00 card replacement fee

Cardholder Name: _____

Account Number: _____

OLD Card Number: _____

Daytime Telephone: _____

Current Address: _____

Reason

Lost _____

Stolen _____

Fraud -notarized affidavit required

Counterfeit-indicate any suspicious terminals or locations

Last known authorized transaction **AMOUNT, DATE, LOCATION:** _____

The credit union and its bonding company will prosecute any person(s) involved in unauthorized use of a card to the full extent of the law. If it is discovered that transactions were previously authorized or the PIN number was willingly or negligently provided and that authority was exceeded you will be liable for the transactions. If you report your card missing within two business days after of learning of the loss or theft, you can lose no more than fifty dollars.

Signature: _____

Date: _____

CU Use Only

Please initial and date each segment

CU Staff who rec'd form: _____

New Card Number: _____

Daily limit changed to: _____

BAR on Elan by: _____

ATCH Corrected by: _____

Spectrum memo: _____

Fee Charged: _____

(SHFE, F/T Code = AF, \$15.00)