

Lost-Theft/Fraud Form

CARDHOLDER'S NAME: _____ DATE: _____

DEPARTMENT: _____ DEPT. ID#: _____

1. Please check why you are submitting this report (check all that applies):

- My card has been **LOST** (No fraudulent were made or posted on my card)
 - Date you reported the incident to US Bank: _____
 - How did you determine that your card was lost? _____
 - When was your card last used? _____
 - When was it last seen? _____

- My card has been **STOLEN** and **CARD WAS COMPROMISED** (fraudulently used by third party, posted on your credit card statement)
 - Date you reported the incident to US Bank: _____
 - I reported incident to: UCPD Other Police Agency
Note: US Bank reserves the right to request for a copy of the police report, be prepared to have that information when it's asked.

 - If STOLEN: How did you determine that your card was stolen? _____
 - Where was it stolen? _____
 - How was it stolen? _____
 - When was your card last used? _____

- My card has been **FRAUDULENTLY USED** (unauthorized charge posted on your credit card statement)
 - If FRAUDELENTLY USED: How did you determine that your card was fraudulently used?

 - Have you contacted the vendor(s) regarding the fraud charge(s)? Yes No
 - Will the charge(s) be reversed by the vendors? Yes No

 - Have you ever given anyone else permission to use the card or use your signature?
 Yes No
If you answer "yes", name/relationship/title? _____

- Bank contacted me due TO QUESTIONNABLE ACTIVITY and/or closed my account**
 - Date Bank contacted you: _____
 - Did you request for the card to be CANCELLED? Yes No
 - Did you request a replacement card? Yes No

2. **Cardholder (signature required):**

I verify that all the information I have provided is accurate and complete.

Signature: _____ Phone: _____

If you are not the cardholder, please print your name: _____

Provide brief explanation of why cardholder did not prepare this report:

3. Department Business Manager (signature required):

Department business manager **must indicate** whether or not department is requesting issuance of replacement card:

- Release the replacement card to the cardholder
- DO Not release the replacement card to the cardholder

Print name: _____ Phone _____ Date _____

Signature: _____ Title: _____

Card Program Services (For SCM Use Only)

Approved Denied

Print Name: _____ Title: _____

Signature: _____ Date: _____

FOR SUPPLY CHAIN MANAGEMENT USE ONLY

Received By (Initials only):	Customer Ticket #:	Card Product:	US Bank Update:	PS/BFS Update:
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