Fraud Loss Reporting Form

NOTE: After filling out this form, please print it to send to ICBA Bancard, with the other required materials, in order to report a fraud or loss. For further assistance call Bancard at (800) 242-4770.

Please provide the following information:

First Name: _____ Last Name: _____

Title: _____ Bank: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Cardholder Name: _____ Type of Card: ☐ Credit Card ☐ Debit Card

Account Number: XXXX - XXXX - XXXX - _____ Number of Cards Issued: _____ Cards Missing: _____

Loss Category:
- ☐ Lost Card
- ☐ Stolen Card (Police Report Required)
- ☐ Card Never Received (NRI)
- ☐ Counterfeit
- ☐ Skimmed Counterfeit

☐ Business Card ☐ Consumer Card

Period Over Which Loss Occurred: From _____ (mm/dd/yy) to _____ (mm/dd/yy)

Date Your Bank Discovered Loss: From _____ (mm/dd/yy) to _____ (mm/dd/yy)

Date Account Added to Electronic Warning Bulletin (EWB): _____ (mm/dd/yy)

Cardholder Notified: (Check All That Apply) ☐ Issuing bank ☐ Processor Security ☐ Police (Required if card is stolen)

Credit Limit: $_____ Total Loss Known to Date: $_____ Total Loss Claimed: $_____

Number of Sales Drafts: _____ Today's Date: _____

Type/Print Name *(Officer of the Bank, i.e. President, EVP, VP, AVP)*: _____

Title *(Officer of the Bank, i.e. President, EVP, VP, AVP)*: _____

Signature *(Officer of the Bank, i.e. President, EVP, VP, AVP)*: _____