



### LOST OR STOLEN VISA CARD REPORT

#### Member Details

Member Number \_\_\_\_\_ Account Number \_\_\_\_\_

Title  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

Surname(s) \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address: (if different from Residential) \_\_\_\_\_

Contact Details Home \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

#### Card Details

Visa Card Number 4 4 3 4 0 3 0 0 \_\_\_\_\_ EXP \_\_\_\_ / \_\_\_\_

This card has been  LOST  STOLEN

Reported by  Member  Other \_\_\_\_\_  
(Name & Relationship to Member)

Date of Loss or Theft \_\_\_\_\_

Where Loss or Theft occurred \_\_\_\_\_

When card was last used \_\_\_\_\_

Where card was last used \_\_\_\_\_

Amount of last purchase/withdrawal \$ \_\_\_\_\_

**In making this report, I authorise the Credit Union to make contact with various retailers and suppliers in order to verify transaction details.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Office Use Only

- Report Received Date \_\_\_\_\_ & Time \_\_\_\_\_
- Reference Number \_\_\_\_\_ (allocated to member)
- Card file update (ICBS) \_\_\_\_\_ Date \_\_\_\_\_ & Time \_\_\_\_\_
- Reported to FDRA (02) 9959 7480 (to add to Base-1) Date \_\_\_\_\_ & Time \_\_\_\_\_ Name \_\_\_\_\_
- Additional Comments \_\_\_\_\_

Staff Member \_\_\_\_\_

Date \_\_\_\_\_

