Bethpage Federal Credit Union

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Bethpage, NY 11714-1030
1.800.628.7070
www.lovebethpage.com

Letter of Circumstance

MEMBER'S NAME: _____ BEST CONTACT NUMBER: _____ **DATE:** _____

MERCHANT'S NAME	ACCOUNT NUMBER(S)	AMOUNT(S)	DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ **Unauthorized Account Access, Transfers, or Withdrawals**- I did not authorize a third party to access my account(s) via online banking, or perform the above referenced transfer(s), or withdrawal(s). I did not share or give my Online Banking or Voice Response Unit (VRU) user ID or password to anyone.

Describe in detail the circumstance of the fraudulent activity, when/how you became aware of it, and any details that might be crucial to our investigation. For example, consider how someone could have obtained your card, PIN or online banking credentials. Please also include in detail if you authorized anyone to use your card or credentials at any time. If more space is needed, feel free to attach additional sheets of paper.

Were your online banking credentials or debit card/PIN provided to a third party? Yes No

Was your debit card lost or stolen? Yes No If Yes, when and where?

The following person may have misused the fraudulent items/transactions described above:

Are you willing to prosecute? Yes No

Did you file a police report? Yes (Please include a copy) No

Name of law enforcement agency:_____ Case Number: _____

Detective's name:_____Phone Number: _____

Did you close the affected account? Yes No

_____ _____

MEMBER SIGNATURE DATE