



VOYAGER®



Voyager fraud case form

If your claim is a LOST or STOLEN CARD, please complete Sections A, B, D, E and F.

If your claim is an UNAUTHORIZED TRANSACTION(S), please complete Sections A, C, D, E and F.

Section A: Account information	
Card Number:	Exp. date:
Customer name:	Business phone:
Customer contact name:	Title:
Customer address:	
Email address:	
Section B: Lost or stolen card claim	
Lost/Stolen date:	Where was/were the card(s) stored during reported suspicious activity:
Amount of last valid purchase:	Location of last valid purchase:
Suspect's name:	Suspect's phone:
Suspect's address:	
Did suspect ever have authority to use the card:	
If so, for what period of time and for what purpose:	
Police report filed: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, include a copy of the report.</small>	Case number:
Police department:	
Investigating officer:	
Section C: Unauthorized transaction(s) claim	
Please Note: Please cut card in half and return to: U.S. Bank - Attn: Voyager Fraud Dept. 12800 Foster Street Overland Park, KS 66213	
OR Scan copy of cut card and send to voyagerfraud@usbank.com	
Date card(s) in question mailed or emailed to U.S. Bank:	
If only a copy of the front of the card(s) is provided, or you're unable to mail the card(s), indicate why:	
Amount of last valid purchase:	Location of last valid purchase:

Section D: Additional information

Please provide reason why you question these transactions:

How are PIN/Driver/Vehicle ID's controlled within your organization (i.e. who has access; how are they distributed):

How did the unauthorized user obtain access to the PIN/Driver/Vehicle ID:

Please provide us with any additional information related to this claim that will assist us with our investigation:

Section E: Transaction report

Please include a listing of the transaction(s) that you are claiming as fraud, including the total fraud claim amount. You can use the space provided or attach a report of the fraudulent transactions from U.S. Bank Voyager Portal.

Transaction Date	Amount of Purchase	Invoice Number	Merchant

**Please attach an additional document if there are additional transactions.

Section E: Transaction report

Please read and complete the following information.

I, do hereby certify, state and declare under penalty of perjury that the following statement(s) are true. I understand that all alleged fraudulent or unauthorized card usage will be investigated and that such may be referred to the appropriate law enforcement agency. I also agree to cooperate in the investigation of our case and any prosecution of individual(s) charged with fraudulent or unauthorized card usage. Please be aware that completing the requested documentation will assist us in our ability to investigate this claim.

Printed name of Authorized Officer

Title of Authorized Officer

Signature of Authorized Officer
(This form must be signed to proceed with the Investigation.)

Date