

**Attention Disbursing Officers and Supply Officers**

**NAVY CASH® FLASH!**  
Naval Supply Systems Command

Navy Family Support Mechanicsburg  
Code 56  
5450 Carlisle Pike  
P.O. Box 2050  
Mechanicsburg, PA 17055-0791

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**Navy Cash® Flash 10-006**

**23 March 2010**

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Subject: ADDRESS CHANGE FOR AFFIDAVIT OF UNAUTHORIZED TRANSACTIONS

Attention: Disbursing Officer/Supply Officer

1. Please record the following address/fax number change in your copy of NAVSUP PUB 727, Navy Cash Standard Operating Procedure (SOP), Appendix I, Affidavit of Unauthorized Transactions.
2. To dispute an unauthorized ATM withdrawal ashore or Debit MasterCard® debit purchase ashore, an individual must fill out, sign, and date an affidavit form. The form must then be faxed or mailed to JPMC's Electronic Financial Services Transaction Services Unit in Columbus, Ohio (TSU-Ohio).

Address: Electronic Financial Services  
OH1-0553  
P.O. Box 182918  
Columbus, OH 43272-2918  
Fax: 1 (614) 776-7506

3. A revised copy of the affidavit form with the new address and fax number is attached.

If you have any questions, please contact the Central Support Unit at [navycashcenter@ezpaymt.com](mailto:navycashcenter@ezpaymt.com) or 1-866-6NavyCash (1-866-662-8922).

POC: Carrie Kunze, [carrie.kunze@navy.mil](mailto:carrie.kunze@navy.mil) or (717) 605-3506

  
MARLENE HIGGINS  
Director, Navy Disbursing

**Please route immediately to the Supply Officer and Disbursing Officer**



## AFFIDAVIT OF UNAUTHORIZED ELECTRONIC FUNDS TRANSFER AND POINT OF SALE TRANSACTION

Fax Completed Form Toll Free To: 1 (614) 776-7506 *or*  
Mail Completed Form To: Electronic Financial Services  
OH1-0553  
P.O. Box 182918  
Columbus, OH 43272-2918

ACCOUNT NUMBER	ACCOUNT TITLE			
ADDRESS (Street and Number)		CITY	STATE	ZIP CODE
<b>PERSON REPORTING ALLEGED ERROR</b>				
NAME	Home Phone Number		Business Phone Number	

### CIRCUMSTANCES OF THE LOSS

(All applicable information must be included for claim to be processed)

**Check (☑) One Box Below (A, B, C, or D)**

A. My ATM Card bearing number \_\_\_\_\_ has been:

Lost       Stolen

I discovered my Card missing on *(enter date here)* \_\_\_\_\_

I last recall using my Card on *(enter date here)* \_\_\_\_\_

Please give a brief explanation of how your Card was lost/ stolen \_\_\_\_\_

\_\_\_\_\_

B. I still have my Card bearing number \_\_\_\_\_

It has not left my possession, but money was withdrawn or transactions processed against my account(s) without my authorization. I learned about the withdrawals on *(enter date here)* \_\_\_\_\_

How?

\_\_\_\_\_

\_\_\_\_\_

*Note: If you have copies of receipts for the transfers in dispute, please forward copies along with this form.*

C. My Card was never received.

I learned on *(enter date here)* \_\_\_\_\_ that money was withdrawn or transactions were processed against my Navy Cash/Marine Cash account.

D. Other circumstances *(please explain)* \_\_\_\_\_

\_\_\_\_\_

*(Continued On Back)*

## POLICE REPORT

I  have *or*  have not reported this incident to the police. If you have, Precinct Number: \_\_\_\_\_  
 Officer's Name: \_\_\_\_\_ Complaint Number: \_\_\_\_\_ Date: \_\_\_\_\_

### OTHER INFORMATION

A. I  have *or*  have not allowed anyone to use my Navy Cash/Marine Cash Card.  
 If you have, please list below:

NAME	RELATIONSHIP	PURPOSE	DATE

B. Please state how or where you keep your Personal Identification Number (PIN) \_\_\_\_\_

C. Who may have seen you enter your PIN number?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

D. How do you think these unauthorized withdrawals occurred? \_\_\_\_\_

E. Do you have any ideas as to who could have used your Card? Who? \_\_\_\_\_

F. All authorized users and I have examined the following list of transactions and agree that they are unauthorized  
*(use separate page for additional items):*

WITHDRAWALS			PURCHASES		
Date	Amount	Bank	Date	Amount	Merchant

Total Amount Claimed: \$ \_\_\_\_\_

### CUSTOMER'S ACKNOWLEDGEMENT

**Neither I, nor any authorized user of the card number indicated in this claim, used this card for the transactions listed above and/or authorized a third party to use the card for these transactions. I have no knowledge of the identity or the whereabouts of the person(s) using this card, and I have not received any benefit or value whatsoever from these transactions.**

ACCOUNT HOLDER SIGNATURE	DATE
JOINT ACCOUNT SIGNATURE	DATE
AUTHORIZED USER'S SIGNATURE	DATE