

Please return the completed form to
Navy Federal Credit Union,
SecurityAppeals@NavyFederal.org or
 5550 Heritage Oaks Drive, Pensacola, FL 32526

Attention: This form should not be used to initiate the notification to Navy Federal Credit Union of fraud that has taken place. This form should not be used to initiate an appeal of a fraud claim relating to a debit or credit card. Please provide supporting documentation with this form to assist in the evaluation of a security action on your account(s). Please read each category in its entirety and ensure you have provided all requested information. Allow 15 business days for your appeal to be reviewed.

A. Please complete each item in this section. (Required Information)				
Name: First	MI	Last	Suffix	Access No.
Address: Street	City	State	Zip Code	Account No.
Best Contact No.	Application ID (If New Membership)	Email		

B. Please check and complete the category that best describes your appeal. (Required Information)

- I am attempting to appeal an account restriction.
 - I have attempted to correct the account issue(s) that may have led to the account restriction. *(Required)*

Please describe your attempt to correct the account issue(s). *(Use additional space on page 2 if needed.)*

- I am attempting to appeal Navy Federal's decision to deny my membership application.
 - I am attaching my government-issued photo ID and proof of address documents. *(Required by Section 326 of the USA PATRIOT Act)*

Please describe discrepancies with your submitted documents, if applicable. *(Use additional space on page 2 if needed.)*

- I am attempting to overturn the outcome of a fraud claim that I submitted previously.
 - I have new information that was not previously disclosed by me during the investigation. *(Required)*

Please describe the additional information that you have that may overturn our decision. *(Use additional space on page 2 if needed.)*

I certify to the best of my knowledge and belief that all the information on this form is true, correct, complete, and made in good faith. I also understand that this information may be provided to federal, state, and local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment, or both.

Signature ▶	Date (MM/DD/YY)
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 **INCLUDE ANY ADDITIONAL INFORMATION ON BACK**



