

**AFFIDAVIT**  
**Fraudulent Use of a Credit and/or Debit Card**

**Member Information**

I, make this Affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my credit/debit card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my credit/debit card.

<b>Name</b>	
<b>Home Phone #</b>	
<b>Cell Phone #</b>	
<b>Work Phone #</b>	

**Mailing address:**

<b>Street</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	

<b>No. of Cards Issued</b>	
<b>Credit Union Name</b>	
<b>Card Account No.</b>	

<b>Type of Card Lost/Stolen</b>	
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Was the Lost/Stolen Card an EMV Chip card?  Yes  No

<b>Date Discovered</b>	
<b>Date Reported to Credit Union</b>	
<b>Date of First Fraudulent Transaction</b>	

**LIST UNAUTHORIZED ATM (DEBIT) CARD TRANSACTIONS BELOW:**

Merchant Name	Date	Amount

Has this loss been reported to the Police Department?  Yes  No

**Name and Address of Unauthorized User (if known):**

<b>Name</b>		<b>Street</b>	
<b>City</b>		<b>State</b>	
<b>Zip Code</b>		<b>Phone #</b>	

I give my consent to the Credit Union to release any information regarding my card and/or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution or any person(s) who may be responsible for fraud involving my card and/or card account. I swear this Affidavit is true to the best of my knowledge and understand that making a false sworn statement is subject to federal and/or state statues and may be punishable by fines and/or by imprisonment.

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
 Signature

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 (NOTARY PUBLIC)  
 MY COMMISSION EXPIRES: \_\_\_\_\_