

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.

| | |
|---------------------|--|
| Name | |
| Home Phone # | |
| Cell Phone # | |
| Work Phone # | |

Mailing address:

| | |
|-----------------|--|
| Street | |
| City | |
| State | |
| Zip Code | |

| | |
|----------------------------|--|
| No. of Cards Issued | |
| Credit Union Name | |
| Card Account No. | |

| | |
|---|--|
| Date Discovered | |
| Date Reported to Credit Union | |
| Date of First Fraudulent Transaction | |

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):

| | | | |
|-----------------|--|----------------|--|
| Name | | Street | |
| City | | State | |
| Zip Code | | Phone # | |

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: _____