

**AFFIDAVIT**  
**Fraudulent Use of a Credit Card, ATM, or Check Card**

Credit Card                       ATM Card                       Check 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/ATM/check card to anyone nor 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 that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my credit/ATM/check card.

Name	Home Phone (      )	Work Phone (      )
Mailing Address – Street	City	State, Zip
No. of Cards Issued	Card Account Number	Type of card loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In my possession at all times when fraud occurred
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction

**LIST UNAUTHORIZED CREDIT CARD/ATM/CHECK CARD TRANSACTIONS BELOW**

Transaction Number	Date	Amount	Transaction Number	Date	Amount

Name and Address of Unauthorized User (if known)	Has this loss been reported to police department? <input type="checkbox"/> Yes <input type="checkbox"/> No Authority contacted _____ Address _____ Phone (      )
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Please provide details (if necessary) on a separate sheet

**SIGNATURES**

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 persecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

**NOTICE:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Member's Signature

\_\_\_\_\_  
 Co-Applicant/Authorized Signer