

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