

## 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

Merchant Name	Date	Amount	Merchant Name	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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The following explains my dispute:

\_\_\_ I received a price adjustment (credit slip) on the above transaction and it has not appeared on my statement. I have included a photocopy of the credit slip.

\_\_\_ I certify that only one transaction was made with the above referenced merchant. On my statement, the same merchant has processed a second charge to my account, which I neither participated in nor authorized.

\_\_\_ I certify that I participated in the above transaction, but have not received the merchandise. (Describe your attempts to resolve the matter with the merchant as well as the expected date of delivery on the additional space provided)

\_\_\_ I certify that I participated in the above transaction, but have returned the merchandise/cancelled services on \_\_\_\_\_ (date) per the merchant's instructions and have not received credit. (Merchant cancellation policies may apply; please provide full details on the additional space provided)

\_\_\_ I contacted the merchant on \_\_\_\_\_ and canceled the monthly recurring transaction. (Merchant cancellation policies may apply; please provide full details on the additional space provided).

\_\_\_ I contacted the merchant on \_\_\_\_\_ and canceled my reservation. (Please provide full details on the additional space provided).

\_\_\_ My cancellation number is \_\_\_\_\_  
 \_\_\_ I was not given a cancellation number

\_\_\_ The shipped merchandise I received is defective. (Describe in the additional space the defect or damage and attempts to return the merchandise, and the merchant's response)

\_\_\_ The merchandise/services were not as described. (If purchase was made over the phone please indicate what was not as described. Otherwise please provide written documentation as to what was not as described, ie: color, quantity, etc)

\_\_\_ I would like a copy of the sales draft. (Reason for request) \_\_\_\_\_

\_\_\_ I certify that the charge(s) was (were) not made by me or by a person authorized by me to use my card, nor were the goods or services represented by the above transaction received by myself or by a person authorized by me. **(Your card will be blocked)**

\_\_\_ Other. Describe below. Descriptions of transactions should be typed or written clearly. Attach additional sheets if necessary.

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**In dispute cases except those related to lost/stolen/counterfeit cards, you may be required to make an attempt to resolve the dispute with the merchant prior to filing a dispute. Please describe your attempt to resolve in the following sections:**

**Attempt to Resolve Information:**

- I have made an attempt to resolve with the merchant (circle one)      YES      NO
- Date of contact \_\_\_\_\_
- Contact method:      Telephone      E-mail      In-person      Other (describe) \_\_\_\_\_
- Merchant's response: \_\_\_\_\_
- If no attempt, why not? \_\_\_\_\_

Additional Comments:

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**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

<b>CREDIT UNION USE ONLY</b>	
Date:	Teller #:
Credit Union Representative's Print:	
Credit Union Representative's Signature:	