

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

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 statues 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