AFFIDAVIT

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

Credit Card			ATM Card	Che	ck Card				
MEMBER INFORMATION									
I, make this affidavit for the pu nor give anyone permission to the first fraudulent transaction in	use my card	l(s), I h	ng the fraudulent us ave no knowledge t	se of my card.	I did not g	children mad	le any transact	tion(s) on or after that date of	
Name							k Phone	once card.	
)		
Mailing Address – Street			City			State	State, Zip		
No. of Cards Issued Card			Account Number			Type of card loss Lost Stolen Never Received In my possession at all times when fraud occurred			
Date Loss Discovered Date		Date L	Loss Reported to Credit Union			Date of First Fraudulent Transaction			
LIST UNA	AUTHOR	IZED	CREDIT CARD	/ATM/CHEC	CK CARI	 D TRANS	ACTIONS B	BELOW	
Merchant Name	Date		Amount	Merchant N			Date	Amount	
Name and Address of Unauthor	ized User (i	f know	n)			Has this loss been reported to police department?			
						Yes No Authority contacted			
					Address Phone ()				
						Thone (/		
The following explains my d	ispute:								
I received a price adjusti photocopy of the credit slip.				saction and it	has not a _l	ppeared on	my statemen	nt. I have included a	
I certify that only one tra							tement, the sa	ame merchant has	
I certify that I participate matter with the merchant as								r attempts to resolve the	
		-			-	-			
I certify that I participate per the merchant's instructio the additional space provided	ns and hav								
I contacted the merchant apply; please provide full det	t on tails on the	additi	and cancele	d the monthly ed).	recurring	g transactio	n. (Merchant	cancellation policies may	
I contacted the merchant on and canceled my reservation. (Please provide full details on the additional space provided).									
My ca			er 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 merchand'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 by typed or written clearly. Attach additional sheets if necessary.
In dispute cases <u>except</u> 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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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.

		deceive any insur	person who knowingly and with intent to injure, defraud, or rance company, submits a statement of claim containing any or misleading information commits a crime.
State of			
County of			
Subscribed and sworn to before me this			
Day of	20		
			Member's Signature
Notary Public			
			Co-Applicant/Authorized Signer