msufcu
MSU FEDERAL CREDIT UNION

AFFIDAVIT
Fraudulent Use of a Credit Card or Debit Card

ACCOUNT #

SECTION A CARDHOLDER INFORMATION

Cardholder's Name	Mobile Phone	Other Phone

Email Address	Mailing Address- Street & Apt.	City	State	Zip

SECTION B CARD INFORMATION

Card Number

Type of Card

Visa Debit ☐ Visa Credit ☐

SECTION C DETAILS OF FRAUDULENT USE

At the time of the fraudulent transactions, my card was:

In my possession ☐

Never received in the mail ☐

Lost Card ☐

Stolen ☐

Was law enforcement notified?

Yes ☐ No ☐

If applicable, please provide police report number and agency.

Police Agency: _____

Report #: _____

Date Unauthorized Transaction Was Discovered

Total amount of unauthorized transactions

$ 0.00

*Please use itemized list available on the back of this page or attached page to list unathorized transactions.

Date Reported Loss to Credit Union

Name and Address of Unauthorized User (If Known)

Details on Fraudulent Use (If Necessary)

SECTION D SIGNATURE

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit card(s).
- I did not give, sell or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated above.
- I did not receive any benefit from the unauthorized use of my Credit/Debit card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

I give my consent to the Credit Union to release any information regarding my card and/or card account to any local, state, and federal law enforcement agency so that information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear the Affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fine and/or imprisonment.

Signature _____ Date _____

NCUA
Federally insured by NCUA

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UNAUTHORIZED TRANSACTIONS

Date of Transaction	Amount	Merchant Name