

# 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 <input type="checkbox"/> Visa Credit <input type="checkbox"/>

**SECTION C DETAILS OF FRAUDULENT USE**

At the time of the fraudulent transactions, my card was:  In my possession <input type="checkbox"/>  Never received in the mail <input type="checkbox"/>  Lost Card <input type="checkbox"/>  Stolen <input type="checkbox"/>	Was law enforcement notified? Yes <input type="checkbox"/> No <input type="checkbox"/>  If applicable, please provide police report number and agency. Police Agency: _____  Report #: _____	Date Unauthorized Transaction Was Discovered   Total amount of unauthorized transactions \$ _____  <small>*Please use itemized list available on the back of this page or attached page to list unauthorized transactions.</small>
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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 \_\_\_\_\_

