

AFFIDAVIT
Fraudulent Use of a Credit or Debit 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/debit card to anyone nor did I 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 the date of the first fraudulent transaction indicated above. I did not receive any benefit from the unauthorized use of my credit/debit card.

Mailing Address:

Name		Street	
Home Phone #		City	
Work Phone #		State	
Cell #		Zip Code	

No. of Cards Issued	
Credit Union Name	
Card Account No.	

Type of Card Lost/Stolen	
Date Discovered	
Date Reported to Credit Union	
Date of First Fraudulent Transaction	

LIST UNAUTHORIZED ATM (DEBIT) CARD TRANSACTIONS BELOW:

Merchant Name	Date	Amount

Has this loss been reported to the Police Department? **Yes** **No**

Name and Address of Unauthorized User (if Known):

Name		Street	
City		State	Zip Code
Home Phone #		Work Phone #	Cell #

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 prosecution or any person(s) who may be responsible for fraud involving my card and/or card account. 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.

STATE OF _____

Signature

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20____

(NOTARY PUBLIC)