

**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 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 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 |

| | | | |
|------------------------|------------------------------------|--|--|
| Number of Cards Issued | Card Account Number | Type of Card Loss | |
| | | Lost Stolen Never Received In My Possession 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

| Transaction Number | Amount | Date |
|--------------------|--------|------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |
| 9) | | |
| 10) | | |

| | |
|--|--|
| Name And Address Of Unauthorized User (If Known) | Has This Loss Been Reported To The Police Department? Yes No |
|--|--|

Please provide additional information (if necessary) on a separate sheet

SIGNATURES

I give my consent to the credit union to release any information regarding my card and/or card account to local, state and federal law enforcement agency so that the 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 my 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 statutes 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