

AFFIDAVIT OF UNAUTHORIZED/FRAUDULENT USE
(Type 1 - Debit Products and/or PIN Only – Do Not Use for Credit Cards)

Fraudulent Use of: ☐ **ATM Card** ☐ **Debit Card** ☐ **PIN**

I make this affidavit for the purpose of establishing the fraudulent use of my ATM, Visa Debit Card, and/or PIN. I did not give, sell or trade my ATM, Visa Debit card or PIN to anyone that transacted the fraudulent debit(s) and/or deposit(s) listed below. I did not allow or give anyone permission to use my ATM, Visa Debit card or PIN in connection with the debit(s) and/or deposit(s) listed below. I have no knowledge that anyone living in my residence made any transaction(s) after I discovered the first fraudulent transaction(s) listed below. I did not receive any benefits from the unauthorized use of my ATM, Visa Debit card or PIN.

Date card was lost/stolen _____ Date card was discovered lost or stolen: _____
Date the loss was reported to Credit Union _____ Date of first fraud on account: _____
Date fraud was discovered on account: _____ Date fraud was reported to Credit Union: _____

How was the fraud discovered? _____

Was the Card account opened by you? ☐ NO ☐ YES Number of Cards Issued _____

Were PIN and Card kept together: ☐ NO ☐ YES If Yes, Where: _____

Was PIN or Password written anywhere: ☐ NO ☐ YES If Yes, Where and who had access to this location? _____

Name and contact information of Unauthorized User (if known) _____
Physical Description: _____

Other ATM or Visa Debit Card User: Name: _____ Relationship: _____ Phone: _____

I have previously given my card or PIN or Password to the following person(s):

Name _____	Relationship _____	Phone: _____
Name _____	Relationship _____	Phone _____

MEMBER INFORMATION

Credit Union Account Number _____ Card Number _____

Name	Business/Cell Phone	Home Phone	
Mailing Address	City	State	Zip

Type of card Loss: Card Lost Card Stolen Never Received In Possession at All Times when Fraud Occurred

LIST UNAUTHORIZED TRANSACTIONS BELOW: (Add Sheet if Necessary) Total Fraud \$ _____

Transaction Name	Date	Amount	Location

Police Report Filed: ☐ NO ☐ YES If Yes, Date Filed: _____ Report Number _____

I hereby give my consent to release any information regarding my card and/or 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 of any person(s) who may be responsible for fraud involving my card and/or account.

By signing below I agree to testify in a court of law that the forgoing is true and correct. I swear under penalty of perjury that 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.

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Members Signature

Co-Applicant/Authorized Signer

Notarization Required see page 2

JURAT WITH AFFIANT STATEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

(Seal)

Signature_____