



Claim Number
CU Use Only:
Contract Number
CU Use Only:

Affidavit of Fraud Form Fraudulent Use of a Debit Card

This entire form must be completed and signed by cardholder before this fraud claim can be processed.

MEMBER INFORMATION			
<p>I make this Affidavit of Fraud Form for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my debit card to anyone nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children made any transactions(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/debit card.</p>			
Name	Home Phone ()	Work Phone ()	
Mailing Address	Street	City	State Zip
No. of Cards Issued	Credit Union Name Belvoir Federal Credit Union	Card Number	Type of Card Loss <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen <input type="checkbox"/> Card in my possession
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor		Date of First Fraudulent Transaction
<p>I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or counterfeited.</p> <p>Total amount of unauthorized transactions: \$ _____</p> <p>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 any of the proceeds or benefits of any such item(s) on the above total.</p>			
Name and Address of Unauthorized User (if Known)			Has this loss been reported to police department?
Please provide details (if necessary) on a separate sheet			
SIGNATURES			
<p>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 of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this Affidavit of Fraud Form 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 imprisonment.</p>			

YES NO THE ABOVE CARD WAS REQUESTED BY ME.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____

_____ Member's Signature _____ Date

_____ (Notary Public)

_____ Joint Member's Signature _____ Date



ADDITIONAL CARDHOLDER INFORMATION AND STATEMENT

Name: _____ Card Number: _____

Please note the following:

- Upon receipt of your request, your dispute case will be assigned to Card Services for review. If there are any questions in regards to your dispute claim, you will be notified within thirty (30) days.

How did you discover the fraud?

- Reviewed my account on BOB
Saw transaction on monthly statement
Had transaction declined and contacted credit union
Received phone call from Credit union

When did you discover the fraud?

Date: _____ Time: _____

Have you ever given anyone permission to use your card or card information?

- If yes, who? _____

Have you ever done business with the merchant?

Have you contacted the merchant?

- If yes, what did they say? _____

Cardholder Statement:

Blank lines for cardholder statement

I swear the information provided above 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 imprisonment.

Member Signature: _____

Date: _____