

## Cardholder Fraud Affidavit

**Please complete this affidavit to claim fraudulent use of your Logix Credit Card, Debit Card, or ATM Card:**

- ☐ 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 anyone known to me made unauthorized transactions with my card on or after the date of the first fraudulent transaction indicated below.
- ☐ I have examined all of the unauthorized transactions and in each instance I did not originate the transactions nor authorize them.
- ☐ I did not receive proceeds or benefits from any of those transactions.

### Cardholder Information

<b>Cardholder Name</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Logix Account Number</b>	<b>Card Number</b> (card will be blocked)	<b>Card Type</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> ATM Card	
<b>At the time of the fraudulent transactions, my card was:</b> <input type="checkbox"/> In My Possession <input type="checkbox"/> Never Received <input type="checkbox"/> Lost <input type="checkbox"/> Stolen			<b>Was law enforcement notified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date Cardholder Discovered Loss</b>	<b>Date Cardholder Reported Loss to LFCU</b>	<b>Date of First Fraudulent Transaction</b>	

### Cardholder Questionnaire

How was the fraud discovered? \_\_\_\_\_

Please check and complete all that apply: (describe below)

- ☐ I lost my card or unknowingly left my card at a merchant.
- ☐ I suspect the fraud occurred at a merchant I have used in the past.
- ☐ I responded to an email requesting my card information.

Merchant Name \_\_\_\_\_ Date of Incident \_\_\_\_\_

Details \_\_\_\_\_

- ☐ An authorized cardholder had access to my card information.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Unauthorized Transactions			
Transaction Date	Transaction Amount	Merchant Name	
Total Fraud Amount \$_____			
<p>I give my consent to Logix 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 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>			
Print Name (Member)		Print Name (Co-Applicant/Authorized Signer)	
Member Signature	Date	Co-Applicant/Authorized Signer Signature	Date

Please fax this form to **(818) 565-2094**, or email to [request@lfcu.com](mailto:request@lfcu.com), or mail to Logix, Card Services, P.O. Box 6759, Burbank, CA 91510. Your claim may take up to 5 business days to process.

*To get real-time transaction alerts on your smartphone, download the Logix Card Manager mobile app.*