

Cardholder Affidavit Fraudulent Transactions

This affidavit is for the purpose of establishing the fraudulent use of your Visa Check Card or ATM card. All other disputes must be filed using the form for Non-Fraudulent Transactions.

Please be aware that it may take up to ten (10) business days from when your form is received to provide you with provisional credit. If you have questions, please call 520-794-8341 or 800-253-8245.

Name:	Day Phone	Membership #:
City:	State:	Zip:
E-mail Address:		
Card Number:		
Step 2: Card Information		
Card Type: Visa Check	Card ATM	
Card was: Lost S	tolen Sent to me but not received	In my possession
Date loss discovered:	Date loss reported to Credit U	Union:
compromise of your card. If y	in detail, to the best of your recollection, a our PIN was used, tell us how your PIN w	vas obtained (attach additional
Step 3: Police Report Informa	tion	
Member is responsible for pro all plastic card fraud cases.	viding Hughes Federal Credit Union with	a paper copy of the police report i
Police Agency Name:		
Police Report Number:		

Please list all unauthorized charges, attach an additional sheet if necessary.						
Pica	ise iist aii uliaumorizeu en			·		
1.	Date:	Amount:	\$	Merchant:		
2.	Date:	Amount:	\$	Merchant:		
3.	Date:	Amount:	\$	Merchant:		
4.	Date:	Amount:	\$	Merchant:		
5.	Date:	Amount:	\$	Merchant:		
6.	Date:	Amount:	\$	Merchant:		
7.	Date:	Amount:	\$	Merchant:		
8.	Date:	Amount:	\$	Merchant:		
9.	Date:	Amount:	\$	Merchant:		
10.	Date:	Amount:	\$	Merchant:		
Please list all credit union fees that were caused by the fraudulent activity.						
1.	Date:	Amount:	\$	Merchant:		
2.	Date:	Amount:		Merchant:		
3.	Date:	Amount:		Merchant:		
4.	Date:			Merchant:		
5.	Date:			Merchant:		
Step	5: Signature and affidavi	it of fraud				
I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my Visa Check Card/ATM card, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children, nor any other relative, friend, etc. made transactions on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card. I understand that Hughes Federal Credit Union will prosecute any person(s) who may be responsible for the fraud involving my Visa Check Card/ATM card. Further, 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 imprisonment. Signature: Date: Date:						
Step	o 6: Notary					
State of: County of: Subscribed and sworn before me On this day of 20						
Signature:						
My commission expires on:						