DEBIT CARD FRAUD AFFIDAVIT

My full legal name is					
	(first)		(middle)		(last)
My current address is					
City		State		Zip Code	
My daytime telephone	number is				
On or about			, I discov	vered that m	y debit card,
number		was stolen 🗌] lost [] and used	d without m	y permission.
I reported the theft/loss	s/use of my debit c	ard to the Cred	lit Union on our a	bout	
				oout	
(day/month/year)					
I have examined all of use of my card. I did r described in the debit of	not receive any ben	efit, money, g			
To the best of my know information (card num without my knowledge	ber, personal ident				
I did not give, sell or trade my card(s) to anyone.					
Name (if known)			Name (if known	ı)	
A 11 //C1			<u>A 11 (°61</u>		
Address (if known)			Address (if know	wn)	
Phone number(s) (if kr	nown)		Phone number(s	s) (if known)
Additional information	ı (if known)		Additional infor	mation (if k	znown)
Total amount of march	horized transaction	s: \$			
Total amount of unauthorized transactions: \$					

Additional comments: (for example, description of the fraud, card(s) or information used, or how the thief gained access to my information.

I am willing to take all reasonable actions necessary to assist in the prosecution of the person(s) who committed this fraud.

I am authorizing the release of this information, including my credit/debit card information, to any local, state or federal law enforcement agency for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

I have reported the events described in this affidavit to the police or other law enforcement agency. The police \Box did \Box did not write a report.

Please complete the following and attach a copy of the report if available:

(Agency)

(Date of Report)

(Officer/Agency personnel taking report)

(Report Number, if any)

(Phone number)

(e-mail address, if any)

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

(signature)

(date signed)

Knowingly submitting false information in this form could subject you to criminal prosecution for perjury.

