



Debit Card Fraud Affidavit & Member Statement

Fax: 614-564-4588

I. TYPE OF CLAIM

PLASTIC CARD CLAIM

PS Case Reference #

Date Reported

Pin Based Fraud (POS Debit or ATM withdrawals where PIN number was used to perform the transaction)

The card was: Lost Stolen In my possession Never received

Signature Based Fraud (Credit Transactions or receipt was signed at the merchant)

The card was: Lost Stolen In my possession Never received

Cardholder Comments:

II. MEMBER & CLAIM INFORMATION

Name		Checking Account Number		Home Phone	Alternate Phone
Mailing Address	Street	City	State	Zip	Last 4 of Card Number (For plastic card claim)
Date Loss Discovered	Date Loss of Funds Reported to Financial Institution		Date of First alleged Fraudulent Transaction		Location of Pin
Suspect Name (if any)		Your relation to the suspect		Description of Suspect	

Transaction Description or Merchant Name or Location	Network ID <small>Internal use only</small>	Transaction Date	Amount	ISA Fee	Reference
TOTAL					

III. MEMBER STATEMENT, SIGNATURE

I make this affidavit for the purpose of reporting the fraudulent use of my account and resulting loss.

_____ *I understand that any person who knowingly and with intent to injure, defraud, or deceive any financial institution, files a statement of claim containing any false, incomplete or misleading information, is guilty of a felony of the third degree and can be prosecuted for such. Initial or check for all types of claims (Plastic Card Claim)*



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I make this statement for the purpose of establishing the fraudulent use of my ATM or credit/debit card. I did not give, sell or trade my ATM or credit/debit card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse, child or relative is/may be involved in performing the transaction(s) indicated. I did not receive benefit from the unauthorized use of the card(s) in question. **Initial or check for all types of claims (Plastic Card Claim)**

I understand that it is my obligation to provide and/or fully execute all required information or forms; signed affidavit and valid government issued identification. If I fail to provide or execute the information required to make the claim, it will be denied: if I reported the alleged loss of funds by phone, I must provide/execute the required forms and ensure that they are received by my Financial Institution no later than 10 business days from the date that I reported the alleged loss of funds. **Initial or check for all types of claims (Plastic Card Claim).**

Member's description of incident in own words:

Member Signature

Member Signature

Member Signature

Member Signature

Member Signature

Secondary Cardholder's Signature (if applicable for Signature Based Plastic card fraud)

Authorized User's Signature (if applicable for Signature Based Plastic card fraud)
