

# Affidavit of Fraudulent Use

Claim Number
State and Contract Number

**Check all that apply**

- Credit Card     
  Debit Card     
  ATM Card     
  Home Banking/Tower Talk 24

## MEMBER INFORMATION

I, make this affidavit for the purpose of establishing the unauthorized use on my account. I did not give, sell or trade my account information to anyone, nor did I give anyone permission to use my account. I did not receive any benefit from the unauthorized use of my account.

Name	Work Phone (    )	Home Phone (    )
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Mailing Address	Street	City	State	Zip
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What was used to perpetrate the fraud?

- Cash Withdrawal Voucher     
  Credit Card     
  Loan Note (including Co-maker forgery)
- Debit Card     
  ATM Card     
  Home Banking/Tower Talk 24

Account in which the unauthorized transactions occurred:	Type of Transaction	Type of Loss	The MasterCard/ATM Card was requested by me.
Type      Account Number	<input type="checkbox"/> Signature <input type="checkbox"/> PIN	<input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Counterfeit <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Loss Discovered:	Date Reported to Credit Union:	Date of First Transaction:
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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 below total.

Total amount of unauthorized transactions:      \$ \_\_\_\_\_

Do you know who perpetrated the fraud? Give details.

Name: \_\_\_\_\_ Their Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

\_\_\_\_\_ Other Pertinent Information: \_\_\_\_\_

## Signatures

I give my consent to the credit union to release any information regarding my 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 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.

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Witnessed By)      (date)

Signature      Please sign full name five times.