

Mastercard Account #	Visa Account #

AFFIDAVIT OF UNAUTHORIZED USE

Important: The person alleging forgery / unauthorized use must complete this form in longhand.

1. I am first duly sworn and state that I am:

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: Home: (____) _____ Work: (____) _____

Date of first fraudulent transaction: _____ Place of first fraudulent transaction _____

I swear that all transactions listed were not signed or authorized by me and are forgeries. I did not give, sell, or trade my VISA/MasterCard card(s) to anyone. I have no knowledge that my spouse or minor children made any transaction. I wish to further state that I did not give anyone permission to use my VISA/MasterCard account number and /or expiration date and or PIN number and/or Convenience checks.

2. I was issued _____ card(s) from _____ (Financial Institution).
3. At the time of these transactions, the card was in my possession: Yes No
4. At the time of these transactions, the card was: Lost Stolen
5. I discovered / was informed that the card was: Lost, Stolen, Stolen Account Number (Mail Order Fraud or Internet fraud), never received. The report was made to: security/customer service, the Financial Institution on: _____
6. I did not receive any benefit from the transactions identified on this statement. This statement is made voluntarily for the purpose of establishing the fact that my signature is a forgery and/or that this account was used without my knowledge and or consent.
7. Do you know who forged your signature(s)? Yes No (If yes, provide details on a separate page and attach.)
8. I have have not reported the lost, stolen, counterfeited card(s) to the police. If yes,
Police Department _____
Phone Number _____
Case Number _____
9. I understand this forgery and/or use without my consent is subject to investigation by local, state, and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony. I further understand and authorize TNB Card Services to act on my behalf in the matter of resolving this report of fraudulent transactions.
10. I understand that knowingly making a false sworn statement is subject to federal and or state statutes and may be punishable by fines and/or by imprisonment.
11. I declare under penalty that the information I have provided herein is true and correct, and I will testify, declare, depose, or certify to the truth hereof before any competent tribunal, officer, or person in any case now or hereafter pending in connection with the matters contained within this declaration

_____ Signature of Primary Cardholder:	_____ Signature of Secondary Cardholder:
_____ Signature of Authorized User:	_____ Signature of Authorized User:
_____ Date	

PLEASE LIST ALL UNAUTHORIZED TRANSACTIONS ON THE ATTACHED FORM
or
After reviewing the activity on the account there is NO Fraud activity

