



Affidavit of Fraudulent Use of a Credit Card, Debit Card, or ATM Card

Attention Fraud Mitigation
200 Spring Street
Herndon, VA 20170

(Please return the completed Affidavit to NWFCU within 10 days)

Cardholder Information

Cardholder Name: _____ Home Telephone: _____
Mailing Address: _____ Work Telephone: _____
City, State, Zip Code: _____

Card Information

I Requested the Card: Yes No Type of Card: Credit Card Debit Card ATM Card
Card Number: _____ Number of Cards Issued: _____
At the Time of the Fraudulent Transactions, my Card was: In My Possession Lost Never Received Stolen Was law enforcement notified? Yes No
Date Cardholder Discovered Loss: _____
Date Cardholder Reported Loss to Credit Union/Processor: _____
Date of First Fraudulent Transaction: _____

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Credit/Debit/ATM card(s).
- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive any proceeds or benefit from the unauthorized use of my Credit/Debit/ATM card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.

Total amount of unauthorized transactions (itemized on the back of this page or on an attached page: \$_____

Name and Address of Unauthorized User (if known): _____

Please provide details (if necessary on a separate sheet)

Signatures

I give my consent to the credit union to release any information regarding my card and/or card 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 card and/or card account. I swear this Affidavit of Fraud 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: _____

Subscribed and sworn to before me this

_____ day of _____, _____.

Member's Signature Date

(Notary Public)

Co-Applicant/Authorized User Date

Credit Union Use Only

Case Number: _____

Date Received: _____

Unauthorized Transactions

Date of Transaction	\$ Amount of Transaction	Merchant Name

Total \$ of Unauthorized Transactions \$ _____