

Visa Account #

AFFIDAVIT OF UNAUTHORIZED USE

	Debit Card	Credit Card		
1. I aff	firm and state that I am:			
Name:				
Mailing	Address:			
City, St	ate, Zip Code:			
Phone N	Number: Home: ()	Work: ()		
Date of	first fraudulent transaction:Pl	ace of first fraudulent transaction		
knowled	that all transactions listed were not signed or authorized by m ge that my spouse or minor children made any transaction. I wis tion date and or PIN number and/or Convenience checks.	te and are forgeries. I did not give, sell, or trade my VISA card(s) to anyone. I have not to further state that I did not give anyone permission to use my VISA account number and		
2. I	was issuedcard(s) from	(Financial Institution).		
3. A	At the time of these transactions, the card was in my possession: \square Yes \square No			
4. A	t the time of these transactions, the card was:	□ Stolen		
	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:			
	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. D	Do you know who forged your signature(s)?			
8. I	I ☐ have ☐ have not reported the lost, stolen, counterfeited card(s) to the police. If yes, Police Department			
	Phone Number			
	Case Number			
Ιn	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 Local 804 FCU to act on my behalf in the matter of resolving this report of fraudulent transactions.			
	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.			
he	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 with this declaration			
	Signature of Primary Cardholder:	Signature of Secondary Cardholder:		
	Signature of Authorized User:	Signature of Authorized User:		
	Date			
		 ID TRANSACTIONS ON THE ATTACHED FORM		

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The transaction(s) listed below and on the attached sheet(s) were not made by me or a person acting with my authority. I received no benefit whatsoever from such use. I further authorize you to accept my telephone verification of any subsequent transactions.

Merchant Name	Transaction Date	Amount