



**AFFIDAVIT OF FRAUD**

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, deposes and says:

1. My mailing address is \_\_\_\_\_

My telephone number at home is ( ) \_\_\_\_\_ and at work is ( ) \_\_\_\_\_

2. My Visa/MasterCard ATM/Debit Card ('Card') was issued by \_\_\_\_\_

and the account number is \_\_\_\_\_

3. The above card was requested by me.  YES  NO

4. The following other persons were issued cards in their names with the same account number as my Card:

\_\_\_\_\_  
\_\_\_\_\_

5. To the best of my knowledge, my Card was (check one of the following):

Lost ..... Approximately \_\_\_\_\_  
mm/dd/yy

Stolen ..... Approximately \_\_\_\_\_  
mm/dd/yy

Never Received

In my possession at all times when the fraudulent transaction occurred.

6. I learned of the fraud on approximately \_\_\_\_\_ I reported my Card lost/stolen on \_\_\_\_\_  
mm/dd/yy mm/dd/yy

7. The transaction(s) listed on the following page(s) of this form were (check the box next to each true statement):

not made, nor authorized by me.

to the best of my knowledge, not made by any person who was authorized to use my Card.

to the best of my knowledge, not made by any person listed in Section 4 above.

8. I did not receive any benefit from the transaction(s) listed on the following page(s).

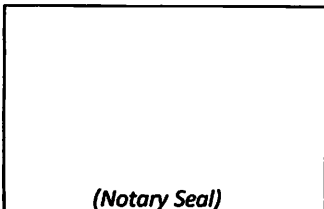
9. I  do  do not have knowledge of the identity of the person(s) illegally using my name, account number or Card. (If you have such knowledge, please provide this information on a separate sheet of paper).

10. I give consent to my financial institution to release any information regarding my Card and/or Card account to any federal, state or local 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 fraudulent activity involving my Card and/or Card account.

**PLEASE SIGN BELOW IN FRONT OF A NOTARY PUBLIC AND PROVIDE ADDITIONAL SIGNATURE SAMPLES ON THE NEXT PAGE**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Primary Cardholder Signature \_\_\_\_\_ Secondary Cardholder Signature \_\_\_\_\_



Subscribed and sworn to before me on this \_\_\_\_\_ day \_\_\_\_\_ 20 \_\_\_\_\_

My commission expires \_\_\_\_\_

(Notary Seal)

Please provide five (5) examples of your signature below

Primary Cardholder Signature

Secondary Cardholder Signature

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If you have done business with the merchant(s) listed on the Dispute/Fraud Items form, in the past, and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

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If you have knowledge of the identity of the person who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).

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