

Cardholder Affidavit Fraudulent Use of a Credit Card or Debit Card

CU Account #:

Cardholder Information

Cardholder Name	Home or Mobile Phone	Work Phone _____
Mailing Address		
I Requested the Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Card Number	Number of Cards Issued —
Type of Card: <input type="checkbox"/> Debit <input type="checkbox"/> Credit	At the Time of the Fraudulent Transactions, my Card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction

- I complete this Cardholder Affidavit for the purpose of establishing the fraudulent use of my Credit/Debit 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 on this form.
- I did not receive any benefit from the unauthorized use of my Credit/Debit 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.
- Further, I did not receive proceeds or benefits from any of those transactions.

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 Cardholder 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 FLORIDA

County of DUVAL

Subscribed and sworn to before me this _____ day of _____, 20____, by

_____ (Cardholder Name).

Cardholder's Signature

Signature of Notary Public

Personally known OR Produced Identification

Type of ID _____

