



AFFIDAVIT
 Unauthorized / Fraudulent
 Pinned Transaction(s) Tran Code: (11,67,09,74, or 109)

MEMBER INFORMATION

I make this affidavit for the purpose of establishing the fraudulent use of my account. I did not give, sell, or trade my Debit / ATM card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated below. I did not receive any benefit or value from the unauthorized fraudulent **pinned** transaction(s) in question.

I, _____, as affiant (claimant) after first being duly sworn declare that the statement(s) below are true.

Card #

Account #

Type of Card Loss:			
<input type="checkbox"/> Loss	<input type="checkbox"/> Stolen	<input type="checkbox"/> Never Received	<input type="checkbox"/> In my possession at all times when fraud occurred
Date Loss Discovered	Date Loss Reported to the Credit Union	Date of First Fraudulent Transaction	
Name and Address of Unauthorized User (if known)		Has this loss been reported to the police department? (Choose One)	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes Case#

PLEASE PROVIDE DETAILS OF THE LOSS

POSTED DATE	LOC. OF W/D	AMOUNT	SEQ# (IMI2)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, _____.

WITNESS my hand and official seal.

 Notary Public

 CardHolder Signature

 My Commission Expires
