

FRAUD

STATEMENT OF FORGERY FOR DEBIT/ CHECK CARD

The Debit/ Check Card associated with the fraudulent transactions will be cancelled immediately, if not done already, upon receipt of your completed statement of forgery. The entire form must be completed where applicable and **SIGNED** by the cardholder, and returned to the credit union prior to a claim being processed.

SECTION I	
Cardholder Name:	Debit/Check Card Number:
Merchant Name with City and State:	Transaction Date:
Posting Date:	Dollar Amount:

SECTION II
I state to the best of my knowledge that the above-referenced Debit/ Check Card was: <input type="checkbox"/> Lost: Date Card Lost ___/___/___ Debit/ Check Card has been lost. I have not used the Debit/ Check Card as identified above for the purchase of merchandise, services, cash or for any other purpose since the above date. <input type="checkbox"/> Stolen: Date Card Stolen ___/___/___ Debit/ Check Card has been stolen. I have not used the Debit/ Check Card as identified above for the purchase of merchandise, services, cash or for any other purpose since the above date. <input type="checkbox"/> Unauthorized Use of Card Number (For Mail Order/ Telephone Order or Internet Purchases): I had my Debit/ Check Card in my possession when my account number was fraudulently used. <input type="checkbox"/> I did not participate in this unauthorized transaction in any way.
I have not used this Debit/ Check Card/ Number for a transaction since the above date. I have not authorized anyone else, orally or in writing, nor have I given consent nor do I have knowledge of implied consent, to use or have possession of said Debit/ Check Card/ Number. I have not received and will not receive goods, services, or otherwise benefit, directly or indirectly, from transactions made after the date shown above.
I believe that sales drafts, telephone/mail orders, or applications bearing my purported signature, or the purported signature of person(s) authorized to use my Check Card/Number following the date reported above, are and will be forgeries.
By signing below I certify to the best of my knowledge and belief, that all of the information on and attached to this affidavit is true, correct, complete, and made in good faith. I also understand that this affidavit may be provided to federal, state, and local law enforcement agencies for such action with their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation on or with this affidavit may constitute a violation of federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment or both.
The transaction identified above was not made by me or by anyone acting upon my authority or with my consent or knowledge.
Cardholder Signature: _____ REQUIRED - Cardholder Signature Date

For credit union use only Hot Card Status? <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Card Not Received <u>Retain card option must be set to YES.</u> CU Staff Receiving Form: _____ PLEASE COMPLETE ONE FORM PER DISPUTED TRANSACTION.
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