



**Fraud Affidavit for ATM or Visa Debit Card**

**Card Number (full 16 digits):** \_\_\_\_\_ **Member Name:** \_\_\_\_\_

**Member Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Member Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Member Daytime Phone:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I, \_\_\_\_\_, certify that the transaction(s) listed as unauthorized transactions are not the result of transactions that I previously authorized, nor did I participate or benefit from the transaction(s) in question.

I discovered the loss/theft/compromise on \_\_\_\_\_ and notified the credit union on \_\_\_\_\_.  
(Discovery Date) (Notification Date)

**Type of Fraud (Check only one box):**

- |                        |  |
|------------------------|--|
| Lost or Stolen         | Account number used – card still in possession |
| Never Applied for Card | Card Never Received                            |

I, \_\_\_\_\_, herein declare under penalty of perjury that all of the information supplied on this fraud affidavit and accompanying documentation is true and correct. 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 the card listed above. I have not, and will not, receive cash, goods, services, or otherwise benefit, directly or indirectly, from the fraudulent transactions listed as unauthorized transactions.

I understand that, unless resolved sooner, provisional credit may be extended within 10 business days. The 10 business day timeframe is extended to 20 business days if the account is new (less than 30 days). The Credit Union may require written confirmation of an oral notice of error before providing provisional credit. The Credit Union has 45 calendar days to complete the investigation, at which time we either make the provisional credit permanent or debit the provisional credit. The 45 calendar day investigation timeframe is extended to 90 calendar days for errors: (1) not initiated in the state, (2) involving POS debit card transactions, or (3) occurring within 30 days of the first deposit made to the account. The Credit Union will report the results to you within 3 business days after completing the investigation.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Credit Union Employee: \_\_\_\_\_

Branch/Department: \_\_\_\_\_



**Member Questionnaire**

- 1) Have you done business with this merchant before? \_\_\_\_\_
  - If yes, when? \_\_\_\_\_
  
- 2) Did you contact the merchant after the transaction was discovered? \_\_\_\_\_
  - If yes, what was the outcome? \_\_\_\_\_
  
- 3) Do you know who may be responsible for the transaction(s) in question? \_\_\_\_\_
  - If yes: Suspect Name: \_\_\_\_\_  
Suspect Address: \_\_\_\_\_  
Suspect Phone Number: \_\_\_\_\_
  - Would you be willing to file charges against this person? \_\_\_\_\_
  
- 4) Is there another account owner who could have made this transaction? \_\_\_\_\_
  - If yes, who? \_\_\_\_\_
  
- 5) Did you have the card in your possession at all times? \_\_\_\_\_
  - If no, who have you authorized to use your card in the past? \_\_\_\_\_
  
- 6) If you do not have possession of your card, when did you notice it was missing? \_\_\_\_\_
  - If lost, where do you believe it was lost? \_\_\_\_\_
  
- 7) Have you provided your PIN number to anyone? \_\_\_\_\_
  - If yes, who? \_\_\_\_\_
  
- 8) Have you contacted the police? \_\_\_\_\_
  - If yes, and you filed a police report, please list the case number and police agency.  
Report number: \_\_\_\_\_  
Police Agency: \_\_\_\_\_

