AFFIDAVIT
FRAUDULENT USE OF CREDIT OR DEBIT CARD

This form should be used for all unauthorized charges against Credit or Debit cards. This form must be signed and notarized; and requires a case number from a current police report filed against the unauthorized activity. If a further detailed explanation is necessary, please provide these on a separate sheet.

☐ **Credit Card** ☐ **Debit Card**

MEMBER INFORMATION

I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my Credit/ Debit 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(s) indicated below. I did not receive any benefit from the unauthorized use of my Credit/ Debit card.

Member Name	**Member Number**	**Card #**
Daytime Phone	**Evening Phone** 5	**Cell Phone**

Mailing Address	**City**	**State**	**Zip**

No. Of Cards Issued:	**Type of Card Loss:**
1	☐ Lost ☐ Stolen ☐ Never Received ☐ In my possession when the fraud occurred

Date Loss Discovered		**Date Loss Reported to Credit Union**		**Date of First Fraudulent Transaction**	

LIST UNAUTHORIZED CREDIT CARD/DEBIT CARD TRANSACTIONS BELOW:

Date	Merchant Name	Amount		Date	Merchant Name	Amount

Name and Address of Unauthorized User (if known)

Police Report Details (Anchorage Police Department: Records Department 786-8600) ***(This is a requirement, the claim will not be processed until a case number is provided)***	**Case #:**

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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this 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 by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

State of _____ Judicial District _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____

Card Owner's Signature _____

Prepared by Operator # _____

Attachment A Member # _____

Date	*Merchant Name*	*Dollar Amount*

_____ _____

Signature **Date**

Victim Statement

Description of events: How, When, Where, What & Who:

Victim Signature: _____ Date: _____