

AFFIDAVIT OF FRAUD

State of \_\_\_\_\_ :SS

County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says:

1. My mailing address is \_\_\_\_\_  
My telephone number at home is (\_\_\_\_\_) \_\_\_\_\_ and at work is (\_\_\_\_\_) \_\_\_\_\_

2. My Visa/MasterCard credit/debit card ("Card") was issued by Members 1st Credit Union and the account number is \_\_\_\_\_

3. I was issued \_\_\_\_\_ Card(s) in my name.

4. The following other persons were issued cards in their names with the same account number as my Card:

\_\_\_\_\_

5. To the best of my knowledge, my Card was: (check one of the following)  
[ ] Lost [ ] Stolen on or about \_\_\_\_\_  
Month Day Year  
[ ] Never Received  
[ ] In my possession at all times when the fraudulent transactions occurred, and I learned of the fraud on or about \_\_\_\_\_  
Month Day Year

6. I reported my Card lost/stolen on \_\_\_\_\_  
Month Day Year

7. The transactions ("Transactions") listed on the back side of this form were not made or authorized by me or made by any person who was authorized to use my Card or, to the best of my knowledge, made by any person listed in Section 4 above. (Please list all unauthorized transactions on the reverse side.)

8. I did not receive any benefit from the Transactions listed in Section 7 above.

9. I [ ] have [ ] have no knowledge of the identity or characteristics of the person(s) illegally using my name, account number, or Card. (If you have such knowledge, please provide information on the reverse side.)

10. I give my consent to the Credit Union to release any information regarding my Card and/or Card Account to any federal, state, or local 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.

PLEASE SIGN BELOW AND PROVIDE ADDITIONAL SIGNATURE SAMPLES ON REVERSE SIDE.

Signature: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ (seal) Notary Public

My Commission Expires \_\_\_\_\_

