

Affidavit of Card Fraud

1. Was your card lost or stolen? _____
2. Were you in possession of your card at the time of the unauthorized transaction? _____
3. How did you find out about the unauthorized activity? _____
4. Have you used this merchant before? _____
5. What date did you discover your card was missing? _____
6. When did you notify the Credit Union that there was unauthorized activity on your account? _____
7. When have you allowed someone to use your card in the past for online, phone, or face to face transactions?

8. Have you confirmed with all joint account holders and/or all authorized users on the card that they did not perform/authorize the transaction? _____
9. When have you given someone (including your family) your card PIN? _____
10. I did not benefit from the transaction(s) listed on the Fraudulent Transaction Dispute Form _____
11. Where do you keep your PIN? (ie: with your card) _____
12. Who has accompanied you during an ATM transaction? When? _____
13. Who is responsible for the unauthorized activity? (Name and Address) _____
14. Other Comments: _____

Member Name _____ Account Number _____

Home Number _____ Work Number _____

Cardholder Signature _____ Date _____



Fraudulent Transaction Dispute Form

Name: _____

Visa card number: _____

I certify that my Visa card was:

Lost (0) Stolen (1) Card not received (2) Counterfeit (4) Fraudulent use of card (6)
and the following transactions were not made by me or anyone authorized to use my Visa card.

1. Date: _____ Amount: _____ Merchant: _____

2. Date: _____ Amount: _____ Merchant: _____

3. Date: _____ Amount: _____ Merchant: _____

4. Date: _____ Amount: _____ Merchant: _____

5. Date: _____ Amount: _____ Merchant: _____

6. Date: _____ Amount: _____ Merchant: _____

7. Date: _____ Amount: _____ Merchant: _____

8. Date: _____ Amount: _____ Merchant: _____

9. Date: _____ Amount: _____ Merchant: _____

10. Date: _____ Amount: _____ Merchant: _____

11. Date: _____ Amount: _____ Merchant: _____

12. Date: _____ Amount: _____ Merchant: _____

13. Date: _____ Amount: _____ Merchant: _____

14. Date: _____ Amount: _____ Merchant: _____

15. Date: _____ Amount: _____ Merchant: _____

In the event additional charges are identified subsequent to the completion of this affirmation, I authorize my credit union to add those subsequent transactions to this affirmation.

Cardholder Signature _____ Date _____

Institution use only:

As the issuer of this card we certify that our cardholder neither participated in nor authorized the referenced transaction(s). In addition we certify the following information: Issuer certifies account was closed __ / __ / __

Issuer certifies fraud was reported on DPS VROL __ / __ / __.

Issuer certifies account was placed on the exception file, with a pickup code on __ / __ / __.

Issuer certifies dispute was received via their Online Secure Banking Environment (if applicable) and that unique identity represents the cardholder's signature.