



## Affidavit of Fraudulent Use of a Debit Card (PIN-based transactions only)

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

Type of Card Loss:  Lost  Stolen  Never Received  
 In my possession at all times when fraud occurred

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Card Number: \_\_\_\_\_ No. of Cards Issued: \_\_\_\_\_

Did you report this loss to law enforcement?  Yes  No

Total Amount of Unauthorized Transactions: \$ \_\_\_\_\_ Date of First Fraudulent Transaction: \_\_\_\_\_

Date Cardholder Discovered Loss: \_\_\_\_\_ Date Cardholder Reported Loss to Credit Union: \_\_\_\_\_

Can you identify the unauthorized user? If so, please provide details about this individual below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or counterfeited. I have examined all of the unauthorized transactions and in each instance I did not originate the transaction or authorize it. Further, I did not receive any of the proceeds or benefits of any such item(s) on the above total. I give my consent to EP Federal 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. **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 imprisonment. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and prosecution.**

Primary Member's Signature: \_\_\_\_\_

Joint Member Signature (if applicable): \_\_\_\_\_

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

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

