

Affidavit of Fraudulent Use of a Debit Card or ATM Card

Please complete this form and send it to us via fax at 240-747-3376; email to cardservices@lfcu.org; drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Card Services Department.

Cardholder Information

Cardholder Name: _____

Account #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email Address: _____

Card Information

I requested the card: Yes No

Type of the card: Debit Card ATM Card

Card Number: _____ Number of Cards Issued: _____

At the time of fraudulent transactions, my card was: In my possession Lost Never received Stolen

Was law enforcement notified? Yes No Date cardholder discovered loss: _____

Date cardholder reported loss to credit union/processor: _____

Date of first fraudulent transaction: _____

- I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Debit/ATM card(s)
- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I have no knowledge that my spouse, or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated on the Unauthorized Transactions Form
- I did not receive any proceeds or benefit from the unauthorized use of my Debit/ATM card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.

Total amount of unauthorized transactions (itemized on the back of the page or on an attached page): \$ _____

Name of unauthorized user (if known): _____

Address of unauthorized user (if known): _____

