

AFFIDAVIT OF FRAUD

State of _____ County of _____

I, _____, being duly sworn, deposes and says:

1. My mailing address is _____.

My telephone number at home is (____) _____ and at work is (____) _____.

2. My Visa credit / debit card ('Card') was issued by CBI Federal Credit Union and the account number on which the fraud occurred is _____.

3. The above card was requested by me. YES NO

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 approximately (Month/Day/Year) _____

Stolen approximately (Month/Day/Year) _____

Never Received.

In my possession at all times when the fraudulent transaction occurred.

6. I learned of the fraud on approximately _____ .

I reported my Card lost/stolen on _____.

7. The Transactions listed on the following page(s) of this form were: **(check the box next to each true statement)**

not made, nor authorized, by me.

to the best of my knowledge, not made by any person who was authorized to use my Card.

to the best of my knowledge, not made by any person listed in Section 4 above.

8. I did not receive any benefit from the Transactions listed on the following page(s).

9. I do don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card. *(If you have such knowledge, please provide this information in the section provided on the bottom of page two.)*

10. I give consent to my financial institution 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.

Primary Cardholder Signature

Secondary Cardholder Signature

