

Affidavit of Fraudulent Use of a Debit or ATM Card

Member Number: _____ Cardholder's Name: _____ Date: _____

Mailing Address: _____

Card Number: _____ Card Type: Debit ATM Was law enforcement notified? Yes No

Total Loss Amount: _____ Date cardholder discovered: _____ Date cardholder reported: _____

Date of first fraudulent transaction: _____ How were you notified of the fraudulent activity? _____

Before completing this Affidavit, please read the following thoroughly.

I complete this Affidavit of Fraudulent Use form for the purpose of establishing the fraudulent 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 transaction(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. 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 examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it. I did not receive any benefit from the unauthorized use of my card. Within ten business days of this notice, the account may be provisionally credited for the amount in question including fees.

At the time of the fraudulent transaction(s), my card was: *(Please check the appropriate box, only one.)*

- Lost:** My Platinum Rewards Visa debit card / ATM card has been lost. I have not used the card identified above for the purchase of merchandise, services, and cash or for any other purpose since the above date.
- Stolen:** My Platinum Rewards Visa debit card / ATM card has been stolen. I have not used the card identified above for the purchase of merchandise, services, and cash or for any other purpose since the above date.
- Never received card in the mail:** I requested a Platinum Rewards Visa debit card / ATM card on ___/___/___ but it has not been received.
- Counterfeit:** My Platinum Rewards Visa debit card / ATM card was in my possession during the time of these fraudulent transactions.

I can identify the unauthorized user:

Name _____ Address _____

Any additional information comments:

I give my consent to the NIH 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 of Fraudulent Use of a Debit of ATM Card 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.

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____, _____

Member Signature

Notary Public

Joint Member Signature

Affidavit of Fraudulent Use of a Debit or ATM Card

Unauthorized Transactions

	Transaction Date	Merchant Name	Transaction Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
16			\$
17			\$
18			\$
19			\$
20			\$

NIH Federal Credit Union may request a police report on a case by case situation. You may contact the credit union at 301-296-0160 to determine if a report is necessary.

Police Report Number: _____ Jurisdiction: _____

Officers Name: _____ Title: _____ Phone Number: _____

To submit, please fax or mail completed and signed form along with any requested support documentation to the address provided below. You may also drop this form off at any NIH Federal Credit Union Branch location.

NIH Federal Credit Union
 Attention: Risk Management Department
 P.O. Box 6475, Rockville, MD 20849-6475
 Fax: 301-296-3382