



Cardholder Affidavit of Fraud

CARDHOLDER INFORMATION

Name:	Day Phone:	Account #:
Address:	City:	State: Zip:
Card Type: Credit <input type="checkbox"/> Debit <input type="checkbox"/> ATM <input type="checkbox"/>	Card #:	
Visa or ATM Card Was: Stolen/Lost <input type="checkbox"/> In your possession <input type="checkbox"/> Never Received <input type="checkbox"/>		
Date Loss Discovered: _____	Date Loss Reported to Credit Union: _____	
* Circumstances: Please explain in detail, to the best of your recollection, a summary of events related to the compromise of your card. If your PIN was used, tell us how your PIN was obtained. <i>(attach additional sheet if necessary)</i>		
* List Unauthorized Charges: <i>(attach additional sheet if necessary)</i>		
Include 1% International Fees. DO NOT LIST CREDIT UNION FEES		
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: _____

Per the Federal Reserve Board's Regulation E, Electronic Fund Transfer Act, I understand that if my lost/stolen card is used for an Electronic Fund Transfer I could lose all the money in my account plus my maximum overdraft line of credit. If I told you within 2 business days, I can lose not more than \$50.00 if someone used my card without my permission. If I DO NOT tell you within 2 business days after I learn of the loss or theft of my card and you can prove you could have stopped someone from using my card without my permission if I had told you, I could lose as much as \$500.00. If fraudulent activity does occur and I have notified you within 2 business days of the loss or theft of the card, I further understand that I will NOT be reimbursed for the first \$50.00

SIGNATURE AND AFFIDAVIT OF FRAUD

I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my credit/debit/ATM card, nor did I give anyone permission to use my card. I did not receive any benefit from the unauthorized use of my card. I give my consent to Vantage West Credit Union to release any information regarding this transaction(s) 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 this unauthorized transaction. Further, I may be required to comply with a court order or subpoena to give testimony. I swear that 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.

Cardholder Signature: _____ **Date:** _____

Cardholder Signature: _____ **Date:** _____

Business Principal Signature: _____ **Date:** _____

Business Principal Signature required only for cards on business accounts

Employee ID # and Branch: _____ **Date:** _____