

Written Statement of Unauthorized Transactions

Account Information:

Member Name:		Date:	
Account Number:		Phone Number:	
Email:			

<input type="checkbox"/> ACH Fraud	<input type="checkbox"/> Card Fraud	<input type="checkbox"/> Cash Withdrawal	<input type="checkbox"/> Check Deposit Fraud
<input type="checkbox"/> M2M (Member to Member)	<input type="checkbox"/> Shared Branching	<input type="checkbox"/> Wire	<input type="checkbox"/> Zelle/P2P
Card Type: <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> ATM		Card #: _____	
Visa or ATM Card Was: <input type="checkbox"/> Stolen/Lost - Date Lost: _____		<input type="checkbox"/> In Your Possession <input type="checkbox"/> Never Received	
Date Loss Discovered: _____		Date Loss Reported to Credit Union: _____	
<input type="checkbox"/> Police Report Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Identity Theft Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the recipient claiming to be a company, financial institution or government entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Circumstances: Please explain in detail, to the best of your recollection, a summary of events related to the compromise of your card, account or online banking. If your PIN was used, tell us how your PIN was obtained. If the One-Time Passcode (OTP) was used, tell us how it was obtained. <i>(attach additional sheet if necessary)</i>			

List of Unauthorized Transactions: *(attach additional sheet is necessary)*

 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:	
16	Date:	Amount:	Merchant:	
17	Date:	Amount:	Merchant:	
18	Date:	Amount:	Merchant:	
19	Date:	Amount:	Merchant:	
20	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 could 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 using my card without my permission if I had told you, I could have lost 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, account or online banking. I did not give, sell, or trade my credit/debit/ATM card, nor did I give anyone permission to use my card, account or online banking. I did not receive any benefit from the unauthorized use of my card, account or online banking. 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 affirm, under the penalty of perjury, that this affidavit is true, and I understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and /or imprisonment

PROVISION: If you have suffered a financial loss because of this case, a court may require the defendant to reimburse you. For a prosecutor to make a request on your behalf, documentation must be provided prior to sentencing. This documentation should support the amount you are requesting for restitution. Supporting documentation includes reimbursement from insurance companies, financial institutions, and others, who assist in making you whole from the financial loss. The prosecutor may ask the court to retain control of the restitution matter until all on-going expenses have been resolved.

By receiving these funds, I agree to provide a copy of this form and any requested supporting documentation, to the prosecutor in above named case reflecting Vantage West's reimbursement of funds.

Account/Card Holder Signature:	Date:
Account/Card Holder Signature:	Date:
Business Principal Signature:	Date:
Employee ID# and Branch:	Date: