



AFFIDAVIT OF FRAUD

State of \_\_\_\_\_ in the County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, deposes and says:

1. My mailing address is \_\_\_\_\_ ;

My Phone Number at home is ( ) - and at work is ( ) - .

2. My Visa Credit Card/Debit Card ("Card") was issued by CAFCU and the account number is: \_\_\_\_\_

3. The 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

Stolen Approximately

Never Recieved

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

6. I learned of the fraud on approximately \_\_\_\_\_ (mm/dd/yy). I reported my Card lost/stolen on \_\_\_\_\_ (mm/dd/yy).

7. The transaction 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 have or receive any benefits from the transactions listed on the following page(s).

9. I Do/ Do Not, have knowledge of the identify 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 2).

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.

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**PLEASE SIGN BELOW IN FRONT OF A NOTARY PUBLIC AND  
PROVIDE ADDITIONAL SIGNATURE SAMPLES  
ON THE NEXT PAGE**

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For your protection, California law required the following to appear on form:  
*Any person who knowingly presents a false or fraudulent claim for the payment or loss is guilty of a crime and may be subject to fines and/or confinement in state prison.*

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Primary Cardholder Signature

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Secondary Cardholder Signature

Subscribed and sworn before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

(seal) *Notary Public*

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My Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF FRAUD**

List of Unauthorized Transactions:

(If you are aware of additional Fraud Charges that are not noted, please notify the institution as soon as possible.)

<b>Transaction Date:</b>	<b>Transaction Amount:</b>	<b>Merchant Description:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide five (5) examples of your signature below:

**Primary Cardholder Signature**

**Secondary Cardholder Signature**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFFIDAVIT OF FRAUD

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide information you have in the space below. This information will allow is to properly dispute the transaction(s) with the merchant(s).

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If you have any knowledge of the identity of the person who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach an original copy of the Police report filed. Also, provide the name of the police station, phone number, and the case number (if you were given one).

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\_\_\_\_\_  
Police Station Name

\_\_\_\_\_  
Police Station Phone Number

\_\_\_\_\_  
Case Number