

Visa A	ccount #	<b>‡</b>	

## AFFIDAVIT OF UNAUTHORIZED USE

	ebit Card	CIC	dit Card		
1. I affirm and state that I am:					
Name:					
Mailing Address:					
City, State, Zip Code:					
Phone Number: Home: ()	Wc	ork: ()			
			action		
I affirm that all transactions listed were not signed	l or authorized by me and a ny transaction. I wish to fur	are forgeries. I did no	t give, sell, or trade my VISA card(s) to anyone. I have no give anyone permission to use my VISA account number and		
2. I was issuedcard(s) fr	:om		(Financial Institution).		
3. At the time of these transactions, the card	l was in my possession:	□ Yes □ No			
4. At the time of these transactions, the card	l was: □ Lost □ St	tolen			
I discovered / was informed that the card was: □ Lost, □ Stolen, □ Stolen Account Number (Mail Order Fraud or Internet fraud), □ never received. The report was made to: □ security/customer service, □ the Financial Institution on:					
	I did not receive any benefit from the transactions identified on this statement. This statement is made voluntarily for the purpose of establishing the fact that my signature is a forgery and/or that this account was used without my knowledge and or consent.				
7. Do you know who forged your signature(	(s)?	□ No	(If yes, provide details on a separate page and attach.)		
	I ☐ have ☐ have not reported the lost, stolen, counterfeited card(s) to the police. If yes, Police Department				
Phone Number					
Case Number					
	order or subpoena to give	testimony. I further	cal, state, and/or federal law enforcement agencies. understand and authorize Local 804 FCU to act on my		
10. I understand that knowingly making a fals imprisonment.	se sworn statement is subj	ject to federal and or	state statutes and may be punishable by fines and/or by		
	I declare under penalty that the information I have provided herein is true and correct, and I will testify, declare, depose, or certify to the truth hereof before any competent tribunal, officer, or person in any case now or hereafter pending in connection with the matters contained within this declaration				
Signature of Primary Cardholder:		Signature of Second	dary Cardholder:		
Signature of Authorized User:		Signature of Autho	rized User:		
Date DI FASE LIST ALL UN	AUTHODIZED TI	DANSACTIONS	ON THE ATTACHED FORM		

Vis	a Account #	

The transaction(s) listed below and on the attached sheet(s) were not made by me or a person acting with my authority. I received no benefit whatsoever from such use. I further authorize you to accept my telephone verification of any subsequent transactions.

Merchant Name	Transaction Date	Amount