Verity
CREDIT UNION

AFFIDAVIT OF UNAUTHORIZED ATM/DEBIT PIN TRANSACTIONS

I, _____, hereby declare and swear under oath:

1. To the best of my knowledge, my ATM/Debit card ("Card") was: (check one of the following)
   - ☐ Lost on _____ (MM/DD/YYYY)
   - ☐ Stolen on _____ (MM/DD/YYYY)
   - ☐ Never Received.
   - ☐ In my possession at all times when the fraudulent transaction occurred.
2. I learned of the fraud on _____ (MM/DD/YYYY). I reported my Card lost/stolen on _____ (MM/DD/YYYY).
3. The following transactions listed were: (check all true statements)
   - ☐ not made, nor authorized, by me.
   - ☐ to the best of my knowledge, not made by any person who was authorized to use my Card.

   List of Unauthorized Transactions:

Transaction Date	Transaction Amount	Transaction Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. I did not receive benefit or value from the transactions listed above.
5. I suspect the following individual as the person illegally using my Card.

   Suspect Information:

   Name _____ Phone Number _____

   Address _____

6. My Personal Identification Number (PIN) ☐ was ☐ was not written down on my Card or anywhere else.

7. I ☐ have ☐ have not allowed another person to use my Card in the past.

8. I authorize Verity Credit Union to release any information regarding my Card 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.

Cardholder Signature _____Date _____

Card Number_____ Daytime Phone Number _____

State of _____
County of _____
Subscribed and sworn to before me this ____ day of _____, _____.

_____
Signature of Notary Public

_____
Title

My Appointment expires: _____