



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:

<u>Transaction Date</u>	<u>Transaction Amount</u>	<u>Transaction Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____