



For Credit Union Use Only	
M	_____
A	_____
P	_____

## FRAUDULENT USE AFFIDAVIT FOR PIN-BASED DEBIT OR ATM CARD TRANSACTIONS

Debit Card     ATM Card

Today's Date \_\_\_\_\_ Total Amount of Loss (\$): \_\_\_\_\_

Card Number: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**FRAUDULENT TRANSACTION(S)** You understand and agree that by completing the information in this section, **your card will be closed to prevent any additional fraud from occurring.** You affirm that you or another account owner (if applicable) did not authorize or participate in the transaction(s) listed below. To avoid a disruption in service, if you have recurring payments linked to the card involved with this fraud claim, please be sure to contact the merchant(s) debiting your account to provide them with your new card information once you receive a replacement card.

**Fraud Claim Form for PIN-Based Debit or ATM Cards**

At this time my card was  Lost  Stolen  In my possession

Date loss was discovered: \_\_\_\_\_ Date loss reported to GTE Financial: \_\_\_\_\_

Have you ever granted permission for anyone other than yourself to use your card?  Yes  No

If yes, who: \_\_\_\_\_

Have you previously transacted business with the merchant(s)?  Yes  No

If yes, did you contact the merchant(s)  Yes  No

Was the Personal Identification Number (PIN) kept with the card?  Yes  No

If **NO**, how was the PIN known to the subject who used the card? \_\_\_\_\_

Who discovered the fraud? \_\_\_\_\_

How did fraud or loss occur? \_\_\_\_\_

Date/Amount/Merchant Name for your **last authorized** transaction: \_\_\_\_\_





Name of person suspected of committing the fraud: \_\_\_\_\_

Additional information about fraud suspect(s) (address, phone number, etc.) \_\_\_\_\_

Law Enforcement notified?  Yes  No If yes, list Agency \_\_\_\_\_

Case No.: \_\_\_\_\_

**List fraudulent transactions below:**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

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Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Merchant: \_\_\_\_\_





Statement

Please be specific with events related to your fraud claim. This statement must be in your own handwriting and all account owners must sign and date this form.

Account Number: \_\_\_\_\_

Multiple horizontal lines for handwritten input.

I, the undersigned, state that all answers I have given on this form and on any attachments are accurate and true to the best of my knowledge. If I discover any additional information which pertains to this claim, or if I discover that any of the information is not accurate or true, I will notify the Credit Union immediately. I understand that I may be required to provide any changes, modifications or additional information to the Credit Union in writing. I understand that making a false sworn statement is a crime under federal and/or state statutes and is punishable by fines and/or imprisonment. By signing this statement, I confirm that I have read and understood the above.

Primary Account Owner Signature \_\_\_\_\_

Joint Owner Signature (if applicable) \_\_\_\_\_

Important Contact Numbers

Fraud Phone: 813.871.2690 ext. 40409

Fraud Fax: 813.414.8028

