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FAFCU.org

CARD FRAUD AFFIDAVIT FORM

Cardholder affidavit to report fraudulent use of a debit or credit card.

- Complete the form in its entirety, print and sign the form.
- Mail the form or bring it to a branch. We will accept a fax (323) 269-6607; please mail the original (required).

Cardholder Information

Cardholder Name (First, MI, Last)	Account Number
Card Number	Today's Date
Phone Number	Email Address
Mailing Address	City, State Zip Code

Type of Card Compromised: ☐ Debit ☐ Credit

Reason for Compromise: ☐ Lost ☐ Stolen ☐ Never Received ☐ In my possession when fraud occurred

Has the fraudulent activity been reported to law enforcement? ☐ Yes ☐ No

If yes, list the name of the agency contacted	Report Number
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Cardholder Acknowledgement

- I am completing this cardholder affidavit to report fraudulent use of my debit or credit card(s).
- I did not give, sell, trade or give permission to anyone to use my debit or credit(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction on my card(s) on or after the date of the first fraudulent transaction indicated on this report.
- I did not use my card nor authorize the use of my card after I discovered the fraudulent use of my card.
- I have examined all the transactions on my account and acknowledge I did not originate or authorize the transactions reported herein.
- I did not receive any proceeds or benefit from any of the unauthorized transactions on my account.
- I understand the debit/credit card incurring fraud must be closed immediately upon F&A Credit Union's receipt of this form. I will advise any merchants with automatic billing or recurring charges related to this card. _____ (Initials)

Transaction Details

Posting Date	Merchant Name/Terminal Location	Amount	Credit Union Use Only
If necessary, please attach additional pages with your signature.	Total Claim	\$	

Cardholder Statement of Facts

Please explain the circumstances related to the fraudulent activity report on your card:

I give my consent to the Credit Union to release any information regarding my card and/or card account to any local, state, and/or federal 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. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I certify under penalty of perjury that the foregoing is true and correct and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Cardholder Signature

Date