



PO Box 30831  
Los Angeles, CA 90030-0831  
800-222-1226  
FAFCU.org

## CARDHOLDER AFFIDAVIT (FRAUD) FORM

### For Fraudulent Use of a Debit or Credit Card

Complete, PRINT, sign and mail or deliver this form to F&A Credit Union. You may also fax a copy to 323-269-6607, however, we will still need the original. If you have any questions or concerns, please contact our Member Contact Center at (800) 222-1226, 8:00 a.m. to 5:00 p.m. Monday through Friday and on Wednesdays from 9:00 a.m. to 5:00 p.m.

Cardholder Name	Account Number
Card Number	Email Address
Primary Phone	Work Phone
Mailing Address	City, State, Zip

Type of Card: ☐ Debit ☐ Credit ☐ Lost ☐ Stolen ☐ Never Received  
☐ In my possession at all times when fraud occurred

Has this loss been reported to the Police Department? ☐ Yes ☐ No

Agency Contacted	Report Number
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- I am completing this Cardholder Affidavit for the purpose of establishing the fraudulent use of my Debit/Credit card(s).
- I did not give, sell or trade my card(s) to anyone nor did I give permission to use my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction on or after the date of the first fraudulent transaction indicated below.
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all the unauthorized transactions and in each instance I did not originate the transaction or authorize it.
- Further, I did not receive proceeds or benefits from any of the unauthorized transactions on my Debit/Credit Card(s).

I understand that the Debit/Credit Card on which the fraud occurred 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 that are attached to this card.

Initial

### Transaction Information

Posting Date	Merchant Name/Terminal Location	Amount
If additional space is needed, please list on a separate sheet of paper, sign and attach.	Total Claim \$	

Credit Union Use Only

Explain the circumstances surrounding the fraud:

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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 swear this affidavit is true 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's Signature

\_\_\_\_\_  
Date