



**Cardholder's Statement for Credit Card and Debit Card Fraud**

The cardholder (s) must notify Constellation Federal Credit Union within 60 days from the closing date of the statement on which the error first appeared. This entire form must be completed and signed by cardholder prior to their fraud claim being processed.

**MEMBER INFORMATION**

I, make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/debit card to anyone nor did I give anyone permission to use my card(s). I did not receive any benefit from the unauthorized use of my credit/debit card. I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or compromised. I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated on the next page.

<b>Name:</b>	<b>Contact Number:</b>
<b>Address:</b>	<b>Zip Code:</b>
<b>Card Number:</b>	<b>Date Reported:</b>

**Please Mark Only One Appropriate Section:**

Lost Card: Credit /Debit card has been lost. Date Card Discovered Lost \_\_\_\_\_

Card Stolen: Credit/Debit card has been stolen. Date Card Discovered Stolen \_\_\_\_\_

Compromised: I still have possession of the card and transactions were made without my consent.

The amount of unauthorized transactions: \$\_\_\_\_\_ (please list the transactions on the next page)

I have examined all of the unauthorized transaction and in each instance I did not originate the transaction nor authorize it. Further, I did not receive any of the proceeds or benefits of any such item(s) on the above total.

I/We further agree that any information relating to the unauthorized use of this account may be provided to any investigate or prosecutorial agency. I/We also agree that it may be required to provide a copy of a local police report, if requested.

I have no knowledge of the identity or whereabouts of the person(s) using the card.

I can identify the suspect as: Name \_\_\_\_\_

Address \_\_\_\_\_, City/State \_\_\_\_\_

Phone \_\_\_\_\_

**By signing this affidavit, I recognized that should this statement be proven false in a court of law, I could be charged with perjury.**

Signed \_\_\_\_\_  
Primary Cardholder

Signed \_\_\_\_\_  
Secondary/Authorized User

List of Fraudulent Transactions

<u>Amount</u>	<u>Date Paid</u>	<u>Merchant/Payee</u>
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
Total: \$		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_