

Library of Congress FCU VISA Credit Card – AFFIDAVIT OF FRAUD

1-800-6005249

TFAX: 1-866-451-6263

State of _____ County of _____

I, _____, being duly sworn, deposes and says:

1. My mailing address is _____.

My telephone number at home is (____) _____ and at work is (____) _____.

2. My Visa/Mastercard credit/debit card ('Card') was issued by _____ and the account number on which the fraud occurred on is _____.

3. The above card was requested by me. YES NO

4. The following other persons were issued cards in their names with the same account number as my Card:

5. To the best of my knowledge, my Card was: **(check one of the following)**

Lost approximately _____
Month/Day/Year

Stolen approximately _____
Month/Day/Year

Never Received.

In my possession at all times when the fraudulent transaction occurred.

6. I learned of the fraud on approximately _____. I reported my Card lost/stolen on _____.
Month/Day/Year Month/Day/Year

7. The transactions listed on the following page(s) of this form were: **(check the box next to each true statement)**
 not made, nor authorized, by me.

to the best of my knowledge, not made by any person who was authorized to use my Card.

to the best of my knowledge, not made by any person listed in section 4 above.

8. I did not receive any benefit from the Transaction listed on the following page(s).

9. I do don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card. (If you have such knowledge, please provide this information in the section provided on the bottom of page two.)

10. I give consent to my financial institution to release any information regarding my Card and/or Card Account 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 and/or Card Account.

Primary
Cardholder Signature: _____

Secondary
Cardholder Signature: _____

List of Unauthorized Transactions

(If you are aware of additional fraud charges that are not listed, please add them below or attach to this page)

Please provide five (5) examples of your signature below

Primary Cardholder Signature

Secondary Cardholder Signature

If you have done business with the merchant(s) listed above, in the past, and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person who used your account or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).
