



# Fraud Plastics Claim Form

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

Card Number: \_\_\_\_\_

Type of card: \_\_\_\_\_

Type of loss: \_\_\_\_\_

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 give anyone permission to use my card(s), I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my credit/debit card.

Name	Home Phone	Work Phone
Mailing Address	City	State, Zip
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction

### List of Unauthorized Transactions

Merchant	Date	Amount	Merchant	Date	Amount

Name and Address of Unauthorized User (If Known)	Has this loss been reported to police? YES      NO Authority Contacted: _____ Address: _____ Phone: _____
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### Signatures

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 persecution 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.

Member Signature: \_\_\_\_\_

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

MSC: \_\_\_\_\_

### Payment Solutions Use Only

Date Received: \_\_\_\_\_ JV Date: \_\_\_\_\_

Card Captured: \_\_\_\_\_ Total Amt: \_\_\_\_\_

Cams: \_\_\_\_\_ Closed: \_\_\_\_\_