



# Cardholder Affidavit Fraudulent Transactions

This affidavit is for the purpose of establishing the fraudulent use of your Visa Check Card or ATM card. All other disputes must be filed using the form for Non-Fraudulent Transactions.

Please be aware that it may take up to ten (10) business days from when your form is received to provide you with provisional credit. If you have questions, please call 520-794-8341 or 800-253-8245.

### Step 1: Your Information (please print)

Name:	_____	Day Phone	_____	Membership #:	_____
Address:	_____				
City:	_____	State:	_____	Zip:	_____
E-mail Address:	_____				
Card Number:	_____				

### Step 2: Card Information

Card Type:	<input type="checkbox"/> Visa Check Card	<input type="checkbox"/> ATM		
Card was:	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Sent to me but not received	<input type="checkbox"/> In my possession
Date loss discovered:	_____	Date loss reported to Credit Union:	_____	
*Circumstances: Please write in detail, to the best of your recollection, a summary of events related to the compromise of your card. If your PIN was used, tell us how your PIN was obtained (attach additional sheet if necessary)				
_____				
_____				
_____				
_____				

### Step 3: Police Report Information

Member is responsible for providing Hughes Federal Credit Union with a paper copy of the police report in all plastic card fraud cases.	
Police Agency Name:	_____
Police Report Number:	_____

Step 4: Unauthorized Charges

Please list all unauthorized charges, attach an additional sheet if necessary.

1. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
2. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
3. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
4. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
5. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
6. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
7. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
8. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
9. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
10. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_

Please list all credit union fees that were caused by the fraudulent activity.

1. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
2. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
3. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
4. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_
5. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant: \_\_\_\_\_

Step 5: Signature and affidavit of fraud

I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my Visa Check Card/ATM card, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children, nor any other relative, friend, etc. made transactions on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card. I understand that Hughes Federal Credit Union will prosecute any person(s) who may be responsible for the fraud involving my Visa Check Card/ATM card. Further, 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.

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

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

Step 6: Notary

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

My commission expires on: \_\_\_\_\_