

AFFIDAVIT OF FRAUDULENT USE OF DEBIT aka CHECK CARD OR ATM CARD

Wakota Federal Credit Union Debit Card
 Wakota Federal Credit Union ATM Card

I make this dispute for the purpose of establishing the fraudulent use of my card. I did not give, sell, borrow or trade my Debit / ATM card to anyone nor give anyone permission to use my card. I have no knowledge that my spouse, significant other or children made any transaction(s) on or after the date of the first fraudulent transaction indicated below. I agree to file a police report and will prosecute any individual proven to have used the card listed below. I did not and will not receive goods, services or otherwise benefit directly or indirectly from the unauthorized use of my card listed below.

Members / Cardholders Name:	
Account Number:	Card Number:

Members Address:	
Date Loss Discovered:	Date Loss Reported To Wakota FCU:

Date of First Fraudulent Transaction:	Type of Card Loss: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> Card in my possession at all times when fraud occurred.
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Unauthorized Card Transaction

Transaction date	Transaction description	Transaction Amount
		\$
		\$
		\$
		\$
		\$

I give consent to Wakota FCU 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 an investigation and or prosecution of any person involved with the fraudulent use of my card/card account. Further I understand I may be required to comply with a court order or subpoena to give testimony. I declare under penalty and perjury this affidavit is true and correct and understand that making a false sworn statement is subject to federal and state statutes and may be punishable by fines and or imprisonment.

X _____

Member/Cardholder Signature

X _____

Witnessed (WFCU staff)

Police report filed with: _____

Date filed: _____

Case Number: _____