



# Affidavit - Fraudulent Use of a Debit Card

Claim Number
State and Contract Number

ATM Card       Debit Card

## Member Information

I make this Affidavit for the purpose of establishing the fraudulent use of my METRO Federal CU 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 have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my card(s).

Name	Home Phone (    )	Work Phone (    )	Number of Credit Cards Issued	
Address, City, State, Zip		Card Number	Member Number	Suffix
Type of Transaction <input type="checkbox"/> Signature <input type="checkbox"/> PIN	Type of Card Loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Counterfeit <input type="checkbox"/> Never Received <input type="checkbox"/> Other			
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor	Date of First Fraudulent Transaction		
<p>I did not use this card or authorize the use of this card by anyone else after I discovered the card was lost, stolen or counterfeited.</p> <p>Total amount of unauthorized transactions: \$ _____</p> <p>I have examined all of the unauthorized transactions 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.</p>				
Name and Address of Unauthorized User (if known)		Was loss reported to the Police Department? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If lost or stolen, please provide Police Report</b>	Police/Sheriff County or City Department	Police Report Case Number		

Please provide details (if necessary) on a separate sheet.

The card noted above was requested by me.    Yes    No

## Signatures

I give my consent to METRO Federal 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 prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I attest 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 \_\_\_\_\_

Co-Applicant/Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

For your protection, Illinois law requires the following statement to appear on this form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Account #                                  Suffix                                  Date

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## FRAUD INVESTIGATION QUESTIONNAIRE

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### INSTRUCTIONS TO PROCESS METRO FEDERAL CREDIT UNION'S AFFIDAVIT OF FRAUD:

- Fill out all applicable sections of the Fraud Affidavit using blue or black ink.
- Complete information helps to increase efficiency and speed in handling the claim.
- Allow 3-5 business days to begin processing fraud claim.
- Fax all three (3) pages and any other related documentation regarding your fraud claim to **847-670-0401**.

**WARNING:** Please read this Affidavit carefully. You are cautioned that knowingly giving a false answer may subject you to criminal prosecution for perjury.

1. I, \_\_\_\_\_, hereby state as follows:
2. I reside at \_\_\_\_\_ and my home telephone number is (\_\_\_\_) \_\_\_\_\_.  
My work telephone number is (\_\_\_\_) \_\_\_\_\_.
3. I applied for and was issued a:  Visa Debit Card \_\_\_\_\_ Number \_\_\_\_\_  
by METRO Federal Credit Union. I applied for and was issued a Personal Identification Number by METRO Federal CU for use at Automated Teller Machines to access my:  
 Checking  Savings  \_\_\_\_\_  \_\_\_\_\_
4. To the best of my knowledge, my card was:  
 Lost by me on or about \_\_\_\_\_ (MM/DD/YYYY)  
 Stolen from me on or about \_\_\_\_\_ (MM/DD/YYYY)  
 In my possession at all times when the fraudulent transaction(s) occurred.  
 Other (please explain): \_\_\_\_\_  
\_\_\_\_\_
5. The withdrawal(s)/charge(s) listed below were not made or authorized by me, or made by any person to whom I have at any time made available my card or Personal Identification Number.  
Transaction Date: \_\_\_\_\_ Description: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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Transaction Date: \_\_\_\_\_ Description: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
If there are more fraudulent transactions please provide a list of additional transactions.
6. I have not made my card or Personal Identification Number available to anyone other than the following person(s):

Name	Relationship
	( )
Address, City, State, Zip	Telephone Number

Name	Relationship
	( )
Address, City, State, Zip	Telephone Number

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7. I have neither received nor benefited from the proceeds of the withdrawal(s)/charges(s), nor to the best of my knowledge have any of the persons listed in Paragraph 6 received or benefited from those withdrawal(s)/charge(s).
8. I will cooperate in the prosecution of the person(s) who improperly used my card.
9. I wish to describe the following additional circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This Affidavit is made for submission to METRO Federal Credit Union for use as part of its investigation of my claim that my account(s) should be credited for the withdrawals listed above. I hereby authorize bank and credit union investigators and law enforcement officials to investigate all circumstances concerning these withdrawal(s)/charge(s).

I am aware that improperly obtaining funds from METRO Federal Credit Union by fraudulent use of a METRO card may constitute a Federal criminal offense punishable by imprisonment and a fine, and that any false statements made in this Affidavit or to any bank investigator or law enforcement official in connection with an investigation will constitute evidence of such a crime. I certify under penalty of perjury that all of the statements I made on this Affidavit are true and correct.

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Signature	Member Name	Date
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Signature	Member Name	Date
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State of Illinois

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public