

Member Information

Cardholder Name

Home Phone Number

Cell Phone Number

Account Number

Email Address

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Transaction Information

Date the Cardholder Discovered the Loss

Date the Cardholder Reported the Loss to FiCare

Date of the First Fraudulent Transaction

Total Amount of the Unauthorized Transactions

Questionnaire

Do you have your card in your possession? YES NO

If no, was your card lost or stolen? LOST STOLEN

Where did you keep your card? _____

Where do you keep your PIN? _____

Who has access to your card and/or PIN? _____

Did you ever give your card to anyone else? YES NO

If yes, who? _____

Did you ever give your PIN to anyone else? YES NO

If yes, who? _____

Was your card ever out of your possession? YES NO

If yes, when? _____

OFFICE USE ONLY

Employee Name

Branch Location

The Visa® Debit Card associated with the fraudulent transactions will be canceled immediately, if not done so already, upon receipt of your completed Statement of Forgery. This entire form must be completed where applicable and **SIGNED** by the cardholder, then returned to FiCare Federal Credit Union.

Section I

	Cardholder Name	Daytime Phone Number	Date Reported
Card Number:	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> </div>		

Section II

I, _____, residing at _____

_____ , state to the best of my knowledge that the above-referenced Visa Debit Card was:

(Please mark only one appropriate selection)

- Lost: Date Card Lost** ____/____/____
 I have not used the Debit Card identified above for the purchase of merchandise or services, to withdraw cash, or for any other purpose since the above date.
- Stolen: Date Card Stolen** ____/____/____
 I have not used the Debit Card identified above for the purchase of merchandise or services, to withdraw cash, or for any other purpose since the above date.
- Never Received Card in the Mail**
 I requested a Debit Card from FiCare FCU, but never received the card in the mail.
- Unauthorized Use of Card Number**
 I had my Debit Card in my possession when my account number was fraudulently used.
- Duplicate Transaction**
 I authorized the use of my card but the transaction(s) posted to my account more than once.
- Never Requested Card**
 I never requested a Debit Card from FiCare FCU.

I have not used this Visa Debit Card/Number for any of the transactions since the above date. I have not authorized anyone else, orally or in writing, nor have I given consent nor do I have knowledge of implied consent, to use or have possession of said Visa Debit Card/Number. I have not received and will not receive goods or services, or will not otherwise benefit, directly or indirectly, from transactions made after the date shown above.

I believe that sales drafts, ATM transactions, telephone/mail orders, or applications bearing my purported signature, or the purported signature of person(s) authorized to use my Visa Debit Card/Number following the date reported above, are and will be forgeries.

By signing below, I certify to the best of my knowledge and belief that all of the information on and attached to this affidavit is true, correct, complete, and made in good faith. I also understand that this affidavit may be provided to federal, state, and local law enforcement agencies for such action with their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation on or with this affidavit may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment, or both.

▷ _____
Cardholder Signature (Required)

Section III

The transaction(s) identified were not made by me or by anyone acting upon my authority or with my consent or knowledge.

- I have no knowledge of the identity or whereabouts of the person(s) using the Card.
- I can identify the suspect as:

Name: _____ Phone: _____

Address: _____ SSN: _____

List of Fraudulent Transactions (REQUIRED)

Please list all fraudulent charges in the space below to ensure they are included with your fraud case. Include the merchant name, dollar amount, and transaction date for each charge. If there are a large number of charges, you may attach a copy of your billing statement(s) with the fraudulent charges marked in ink. **(Please do not highlight charges if you are faxing)**

Date (MM/DD/YY)	Merchant Name	Dollar Amount

▽ _____
Cardholder Signature (Required)