



VISA AFFIDAVIT OF FRAUD

1 Member Name _____

Address _____

City, State & Zip _____

Preferred Contact # _____ Alternate Contact # _____ Member # _____

2 Credit/Debit Card Account # _____

3 The credit or debit card was requested by me Yes No

4 The following persons were issued cards in their names under the same credit or debit card account #:

5 To the best of my knowledge, my card was:

Lost Stolen on approximately _____

Never received

In my possession when the fraudulent transaction(s) occurred

6 I learned of the fraud on approximately _____

I reported my card lost/stolen on _____

7 To the best of my knowledge, the transactions listed below were:

Not made or authorized by me

Not made by any person who was authorized to use my card

Not made by any person listed in Section 4

8 I did not receive any benefit from the transactions listed.

9 I do do not have knowledge of the identity of the person(s) illegally using my name, account number or card. If you have such knowledge, please provide this information below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number:

10 I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state or local 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.

List of Unauthorized Transactions

If you are aware of additional fraud charges that are not listed, please add them below or to the backside of this form.

Transaction Date	Transaction Amount	Merchant Name

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant:

Additional Comments:

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.

Primary Cardholder Signature _____ Date _____

Secondary Cardholder Signature _____ Date _____