



# CARDHOLDER AFFIDAVIT OF FRAUD AND FORGERY

TYPE OF CARD: \_\_\_\_\_ Card Account number ending in \_\_\_\_\_

ISSUER: Florida State University Credit Union

I, \_\_\_\_\_, residing at \_\_\_\_\_, in the county of \_\_\_\_\_

state of \_\_\_\_\_, herein declare that my card, described above was: (please check one box)

- Lost or Stolen  Never Received in the mail
- Account number used, card still in possession  Never applied for card

on \_\_\_\_/\_\_\_\_/\_\_\_\_ and was reported to the credit union on \_\_\_\_/\_\_\_\_/\_\_\_\_.

A Police report was filed (report # \_\_\_\_\_ Police agency \_\_\_\_\_) was NOT filed.

I have not used this card ending \_\_\_\_\_ for the purchase of merchandise, services, or cash advance, on the sales listed below. 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 card ending \_\_\_\_\_. I have not, and will not, receive goods, services, or otherwise benefit, directly or indirectly from the fraudulent transactions listed below.

I further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency. I have examined the following list of transactions: Merchant Sale(s), Cash Advance(s), Cash Machine Advance(s), and Statement Charges. (If there are additional fraudulent transaction(s) which have not been identified below, please attach copies of statements identifying such transactions)

### Transactions

Date	Amount	Merchant Information

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

**Please check one of the following:**

\_\_\_\_\_ I have no knowledge of the identity or whereabouts of the person using the Credit Card.

\_\_\_\_\_ I can identify the suspect as: Name \_\_\_\_\_, Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ and Social Security Number: \_\_\_\_\_

**Notice:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits a statement of claim containing any false or misleading information commits a crime.

I swear that 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.

Primary Cardholder's Printed Name: \_\_\_\_\_

Primary Cardholder's Signature: \_\_\_\_\_

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

Completed forms can be emailed to [cardservices@fsucu.org](mailto:cardservices@fsucu.org) or Faxed 850-926-5842

For office use only:

Teller # \_\_\_\_\_ Date Received \_\_\_\_\_ Date turned into Card Services \_\_\_\_\_