



CARDHOLDER AFFIDAVIT OF FRAUD AND FORGERY

TYPE OF CARD: _____ **Card Account number ending in** _____
ISSUER: Champions First 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 |
|------|--------|----------------------|
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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@championsfirst.org

For office use only:

Teller # _____ Date Received _____ Date turned into Card Services _____