

CAROLINA COLLEGIATE FEDERAL CREDIT UNION
710 Pulaski Street
Columbia, SC 29201

Claim Number
State and Contract Number

**Affidavit
 Fraudulent Use of a Credit or Debit Card**

Debit Card ATM Pin Only Card

MEMBER INFORMATION				
I make this affidavit for the purpose of establishing the fraudulent use of my 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 credit/debit card.				
Name		Home Phone ()		Work Phone ()
Mailing Address		Street	City	State Zip
No. of Card Issued	Credit Union Name	Card Number	Type of Transaction <input type="checkbox"/> Signature <input type="checkbox"/> PIN	Type of Card Loss <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Counterfeit <input type="checkbox"/> Stolen <input type="checkbox"/> Other
Date Cardholder Discovered Loss		Date Cardholder Reported Loss to Credit Union/Processor		Date of First Fraudulent Transaction
I did not use this card nor authorize the use of this card by anyone else after I discovered the plastic card was lost, stolen or counterfeited.				
Total amount of unauthorized transactions: \$ _____				
I have examined all of the authorized 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.				
Name and Address of Unauthorized User (if known)			Has this loss been reported to the police department? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please provide details (if necessary) on a separate sheet.</i>				
SIGNATURES				
I give my consent to the 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 swear 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.				

YES NO THE ABOVE CARD WAS REQUESTED BY ME.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____, 20_____

Member's Signature

 (Notary Public)

 Co-Applicant/Authorized Signer