



Visa Credit Visa Debit ATM
AFFIDAVIT

The affidavit is for the of establishing the fraudulent use of our Visa Check Card, Credit Card or ATM Card. To ensure timely processing and resolution, please complete all items and return this original document to the Credit Union.

Name _____ Member # _____ Account # _____

Address _____ Daytime Phone # _____

City, State, Zip Code _____

Date Card Issued _____ Card # _____

Card Status: **Stolen** Date Card Blocked: _____

1. To the best of my knowledge, my Card was (check one of the following):

Lost approximately _____
(month/day/year)

Stolen approximately _____
(month/day/year)

In my possession at all times when the fraudulent activity occurred.

2. I learned of the fraud on approximately _____.

I reported my Card lost/Stolen to the Credit Union on _____.

3. Did you file a police report? Yes No

If Yes: case # _____ Officer's Name _____

4. Where is your PIN located? Be specific. (DO NOT WRITE YOUR PIN ON THIS FORM)

5. Who, at your home and/or work, may have had access to your Card and/or PIN?

6. Have you ever authorized anyone to use your card? Yes No

If Yes, Name _____

7. I do do not have knowledge of the identity of the person(s) illegally using my name, account number, or Card. (Please provide any details as to whom you think may have your information.)



Har-co Credit Union

Visa Credit Visa Debit ATM
AFFIDAVIT

Card #

Cardholder Name: _____

<u>Transaction Date</u>	<u>Post Date</u>	<u>Amount</u>	<u>Merchant Name</u>
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Har-co Credit Union

Visa Credit Visa Debit ATM

AFFIDAVIT

Card #:

Cardholder Name: _____

I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my Visa Check Card/Credit Card/ATM card, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children, nor any other relative, friend, etc. made transactions on or after the date of the first fraudulent transaction. I have examined all of the unauthorized transactions and, in each instant, I did not originate the transaction nor authorize it. I did not receive any benefit from the unauthorized use of my card. I understand that HAR-CO Credit Union will prosecute any person(s) who may be responsible for the fraud involving my Visa Check Card/Credit Card/ATM card. Further, I may be required to comply with a court order or subpoena to give testimony. 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.

Cardholder Signature: _____ Date _____

Branch Staff Initials & Date Received _____

EFS Staff Initials & Date Received _____



Har-co Credit Union

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Card #:

Cardholder Name: _____

Unauthorized (I am positive I did not make this transaction)

I did not make nor authorize the charge(s), or authorize anyone else to make the charge(s). I give permission for my card to be blocked and for a new account number to be issued to me.

At the time the fraudulent transaction(s) occurred, my card was (check one):

in my possession.

not in my possession.

Cardholder Signature: _____ Date: _____

Visa Account Updater Service Opt-Out

Explanation of Account Updater Service

The Visa Account Updater services will provide updates to merchants who maintain card-on file account information to process reoccurring payments, such as subscription or utility companies. This service will assist with reducing the number on declined transactions due to expired cards, lost/stolen cards, or other card-related changes to impacted merchants.

How to Opt-Out of Account Updater Service

To opt-out of Visa Account Updater services complete the form below and return it to us in person at one of our three branches or mail it to HAR-CO Credit Union, 30 N Hickory Ave, Bel Air, MD 21014, Attn: EFS Dept.

If you have any questions contact our Call Center at 410-838-9090, 410-879-3672 or toll free 1-888-HARCOCU (427-2628).

Date: _____

Name: _____

Member Number: _____

Active Card Number: _____

____ I want to **OPT-OUT** of the Account Updater Service.

Signature

For Office Use Only:

Date Received: _____

Received by Operator Number: _____