



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-credit card (s) 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: _____

Please complete this form and return it to Card Services- Fax: 850.309.8806 or Email: cardservices@fsucu.org

For office use only:

TELLER #:	DATE RECEIVED:	DATE EMAILED TO CARD SERVICES:
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Please complete this form and return it with all supporting documentation to the Card Services Department of the FSU Credit Union. Fax: 850.309.8806 Phone: 850.224.4960