

California Adventist Federal Credit Union
AFFIDAVIT OF FRAUD
1441 E Chevy Chase Drive
Glendale, Ca 91206
Ph: 818-246-7241, Fax: 818-240-5809

State of _____ County of _____
I, _____, being duly sworn, deposes and says:

1. My mailing address is _____
My Phone Number at home is (____) ____-____ and at work is (____) ____-_____.
2. My Visa/Master credit card/Debit card ("Card") was issued by CAFCU and the
Account number is _____.
3. The above card was requested by me _____ Yes _____ No
4. The following other persons were issued cards in their names with the same account
number as my card:

5. To the best of my knowledge, my card was: (check one of the following):

_____ Lost Approximately _____
mo/day/yr

_____ Stolen Approximately _____
mo/day/yr

_____ Never Received.

_____ In my possession at all times when the fraudulent transaction occurred.

6. I learned of the fraud on approximately _____mm/dd/yy. I reported my Card
lost/stolen on _____mm/dd/yy.

7. The Transactions listed on the following page(s) of this form were: (check the box next
to each true statement).

_____ Not made, nor authorized, by me.

_____ to the best of my knowledge, not made by any person who was
authorized to use my Card.

_____ to the best of my knowledge, not made by any person listed in Section 4
above.

8. I did not have received any benefits from the transactions listed on the following page(s).
9. I ___ do___ don't have knowledge of the identity of the person(s) illegally using my name, account number, or Card. (If you have such knowledge, please provide this information in the section provided on the bottom of page two.)
10. I give consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state, or local 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.

**PLEASE SIGN BELOW IN FRONT OF A NOTARY
PUBLIC AND PROVIDE ADDITIONAL SIGNATURE
SAMPLES ON THE NEXT PAGE**

For your protection, California law requires the following to appear on form. Any person who knowingly presents a false or fraudulent claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

Primary
Cardholder Signature:

Secondary
Cardholder Signature:

Subscribed and sworn to before me on this ____ Day
of ____, 20__.

(seal) *Notary Public*

My Commission Expires _____

List of Unauthorized Transactions:

(If you are aware of additional fraud charges that are not noted, please notify institution as soon as possible.)

Transaction date:	Transaction Amt:	Merchant Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide five (5) examples of your signature below:

Primary Cardholder Signature

Secondary Cardholder Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you have done business with the merchants(s) listed above, in the past and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person who used your account number or Card, please provide any information you have in the space below. If you have filed a police

report, please attach an original copy of the Police report filed. Also, provide the name of the police station, the phone number and the case number, (if you were give one).
