

**AFFIDAVIT OF FRAUD**

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, deposes and says

1. My mailing address is \_\_\_\_\_  
My telephone number at home is (\_\_\_\_) \_\_\_\_\_ and at work is (\_\_\_\_) \_\_\_\_\_

2. My Visa/MasterCard credit/debit card ('Card') was issued by \_\_\_\_\_  
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 \_\_\_\_\_  
Month/Day/Year

Stolen.....approximately \_\_\_\_\_  
Month/Day/Year

Never received

In my possession at all times when the fraudulent transactions occurred

6. I learned of the fraud on approximately \_\_\_\_\_. I reported my Card lost/stolen on \_\_\_\_\_.  
Month/Day/Year Month/Day/Year

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 receive any benefit 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 my 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 the form. Any person who knowingly prevents a false or fraudulent claim for the payment of a 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 \_\_\_\_\_

