

Affidavit Lost or Stolen Visa® Debit Card

1560 Cable Ranch Rd, Ste. 200 • San Antonio, Texas 78245 GoAFFCU.com • 210.673.5610 • 800.227.5328

AFFIDAVIT

I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my Visa Debit Card to anyone nor did I give anyone permission to use my card. I have no knowledge that my spouse, minor children or any member of my household 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 ATM or Debit Card.

after the date of the first fraudulent transaction indicated below. Full not receive any benefit from the unauthorized use of my Arm of Besit Card.			
MEMBER INFORMATION			
Name:	Account #:		
Mailing Address:			
Home Phone: Work Phone:			
	LOSS INFORMATION		
Debit Card#			
TypeofLoss: Stolen Lost Never Received In my possession at all times			
Date Discovered:	Date Reported to AFFCU:		
Didyou regain possession of your Debit Card? YES NO N/A			
Was your PIN number with your card?			
If NO, who has access to your PIN number?			
Last known authorized use of the card was: Date:	Place:	Amount:	
Have you let anyone else use your card? YES NO			
If YES, who have you authorized?			
Is the card attached to Apple/Google Pay or any other platforms? YES NO If YES, which platform/s?			
Has a Police Report been filed? YES NO			
If YES, case number:	(Attach c	opy of original police report and any addendums)	
LIST UNAUTHORIZED TRANSACTIONS BELOW			
Transaction	Date	Amount	

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Transaction	Date	Amount	
Please describe the events leading to the loss	or theft of the item(s) and how		
	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 by imprisonment. According to Regulation E, governing electronic funds transfers, and VISA Operating Rules governing VISA debit card transactions, we are required to provide you with provisional credit for the amount you think is in error. We are required to provide you provisional credit within 10 days of you notifying the credit union of the errors. If we determine that the circumstances or your account history warrants a delay in the issuance of provisional credit, you will receive notification electronically or by mail regarding the delay. Completion of the investigation may take up to 45 days.			
	rectronically or by mail regarding the delay. Completers in dicates a valid transaction, you will be notified o		
Member Signature	Date	·	