



AFFIDAVIT OF FRAUD - ATM/VISA DEBIT CARD

51 S.W. 1st Avenue – Suite 604
Miami, FL 33130
www.miamifcu.org

RE: VISA DEBIT CARD NUMBER: _____

STATE OF FLORIDA COUNTY: _____

I, _____, being duly sworn, say:

1. My mailing address is _____

My telephone number (s): **Home:** _____ **Work:** _____ **Cell:** _____

My Miami Federal Credit Union Account Number is: _____

2. **My ATM / VISA DEBIT card was issued by the Miami Federal Credit Union and the account number is:** _____

3. The above card was requested by me. **YES** **NO**

4. The following other person(s) were issued cards in their name(s) with the same MFCU account number securing the ATM / VISA Debit card:

5. The transactions were: **(check each true statement)**

not made, nor authorized, by me.

to the best of my knowledge, not made by any person authorized to use my card.

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

6. Disputed Transaction(s):

Merchant Name: _____

Amount of transaction \$ _____ Date of transaction: _____

Merchant Name: _____

Amount of transaction \$ _____ Date of transaction: _____



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Merchant Name: _____

Amount of transaction \$ _____ Date of transaction: _____

Merchant Name: _____

Amount of transaction \$ _____ Date of transaction: _____

Merchant Name: _____

Amount of transaction \$ _____ Date of transaction: _____

Merchant Name: _____

Amount of transaction \$ _____ Date of transaction: _____

Merchant Name: _____

Amount of transaction \$ _____ Date of transaction: _____

*** Visa regulations require that an attempt to contact the merchant to resolve the disputed transaction(s) be made PRIOR TO getting involved for NON-FRAUD claims.**

Date of resolution attempt contact with the merchant? ___/___/___ . What was the outcome?

Please be specific:

___ I did not authorize the above transaction(s), however the card was in my possession.
(PLEASE EXPLAIN)



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RE: VISA DEBIT CARD NUMBER: _____

___ **At the time of the transaction, the card was LOST.** Date _____ the card was lost.
Date _____ you reported the card lost and closed the account.

___ **At the time of the transaction, the card was STOLEN.** Date _____ the card was stolen.
Date _____ you reported the card stolen and closed the account.

___ **Cancellation of Merchandise or Services:**
What type of services or merchandise did the merchant provide?

Reason for canceling or returning the merchandise:

What **DATE** did you cancel the services or merchandise? ___/___/___

Do you have a cancellation confirmation number? **Yes** **No**

Cancellation Number: _____

Did you receive merchandise or services after cancellation date? **Yes** **No**

If you have received merchandise after the cancellation date, on what date did you return it?

___/___/___*

***Must provide proof of return, i.e., USPS receipt, Overnight Delivery receipt, etc.**

7. I ___ do ___ do not have knowledge of the identity of the person(s) illegally using my name, Account number or Card. (If you have knowledge, please provide the information in the section provided below).

If you have any knowledge of the identity of the person who used your ATM / Debit Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report and/or the telephone number and the case number.



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RE: VISA DEBIT CARD NUMBER: _____

**** PLEASE SIGN BELOW IN FRONT OF A NOTARY PUBLIC ****

Primary Cardholder's Signature x _____

Secondary Cardholder's Signature x _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____

Notary Public

(Seal)

Print name

My Commission Expires: _____