

Chubb Group of Insurance Companies

AFFIDAVIT

Fraudulent Use of a Credit Card, ATM, or Check Card

Credit Card
 ATM Card
 Check Card

MEMBER INFORMATION

I, make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/ATM/check card to anyone nor give anyone permission to use my card(s), I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my credit/ATM/check card.

Name	Home Phone	Work Phone
Mailing Address – Street	City	State, Zip
No. of Cards Issued	Card Account Number	Type of card loss <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> In my possession at all times when fraud occurred
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction

LIST UNAUTHORIZED CREDIT CARD/ATM/CHECK CARD TRANSACTIONS BELOW

Transaction Number	Date	Amount	Transaction Number	Date	Amount

Name and Address of Unauthorized User (if known)	Has this loss been reported to police department? <input type="checkbox"/> Yes <input type="checkbox"/> No Authority contacted _____ Address _____ Phone _____
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Please provide details (if necessary) on a separate sheet

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 persecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. 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.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

State of _____

County of _____

Subscribed and sworn to before me this

_____ Day of _____ 20 ____

Notary Public

Member's Signature

Co-Applicant/Authorized Signer

CARDHOLDER STATEMENT

Name: _____

Card Number: _____

Please note the following:

- Upon receipt of your request, your dispute case will be assigned to Card Services for review. If there are any questions in regards to your dispute claim, you will be notified within thirty (30) days.

I swear the information provided above 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.

Member Signature: _____ Date: _____