AFFIDAVIT OF UNAUTHORIZED/FRAUDULENT USE (Type 1 - Debit Products and/or PIN Only — Do Not Use for Credit Cards)					
Fraudulent Use of:					
I make this affidavit for the purpose of establishing the fraudulent use of my ATM, Visa Debit Card, and/or PIN. I did not give, sell or trade my ATM, Visa Debit card or PIN to anyone that transacted the fraudulent debit(s) and/or deposit(s) listed below. I did not allow or give anyone permission to use my ATM, Visa Debit card or PIN in connection with the debit(s) and/or deposit(s) listed below. I have no knowledge that anyone living in my residence made any transaction(s) after I discovered the first fraudulent transaction(s) listed below. I did not receive any benefits from the unauthorized use of my ATM, Visa Debit card or PIN.					
Date card was lost/stolen Date card was discovered lost or stolen: Date the loss was reported to Credit Union Date of first fraud on account: Date fraud was reported to Credit Union: How was the fraud discovered? Was the Card account opened by you? NO YES Number of Cards Issued Were PIN and Card kept together: NO YES If Yes, Where: Was PIN or Password written anywhere: NO YES If Yes, Where and who had access to this location?					
Other ATM or Visa Debit Card Use I have previously given my care	Physical Description: Relation	ship: Phon son(s): Phone:_	e:		
MEMBER INFORMATION Credit Union Account NumberCard Number Name Business/Cell Phone Home Phone					
Mailing Address	City		State	Zip	
Type of card Loss: Card Lost Card Stolen Never Received In Possession at All Times when Fraud Occurred					
LIST UNAUTHORIZED TRANSACTIONS BELOW: (Add Sheet if Necessary) Total Fraud \$					
Transaction Name		Date	Amount	Location	
Police Papert Fileds NO	VEC If Vo	s Data Filadı	Donort Numbo	<u></u>	
Police Report Filed:NOYESIf Yes, Date Filed:Report Number I hereby give my consent to release any information regarding my card and/or 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 account. By signing below I agree to testify in a court of law that the forgoing is true and correct. I swear under penalty of perjury that 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. For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.					
Members Signature		Со-Арр	olicant/Authorized S	igner	
Notarization Required see page 2					

JURAT WITH AFFI	ANT STATEMENT				
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document					
State of California County of Subscribed and sworn to (or affirmed) before me on this by	day of, 20, , proved to me on the basis of satisfactory				
evidence to be the person(s) who appeared before me. (Seal)	Signature				