

AFFIDAVIT OF FRAUDULENT USE DEBIT CARD

Member Information-Please complete each item in this section

I make this affidavit for the purpose of establishing fraudulent use of my card. I did not give, sell, or trade my debit card to anyone nor give anyone permission to use my card(s). I did not receive any benefit from the unauthorized use of my debit card.

Card Number: _____

Date Loss Discovered: _____

Member Name: _____

Date Loss Reported to Icon: _____

Member Number: _____

Has This Been Reported to the Police? Yes No

Type of Loss: Lost Stolen Never Received
 In my possession at all times

Name of Police Department: _____

Date of Police Report: _____ Report No.: _____

Name of Unauthorized User if Known: _____

Fraudulent Transaction(s)-I did not authorize the following transactions:

Date of Transaction	Merchant	Amount of Transaction

Summarize any other information you would like us to know about the transaction(s)

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. 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: Due to the statement of fraudulent charges, I understand that I will receive provisional credit for the above transactions. I also understand that if Icon is not able to collect on the funds, the adjustment will be reversed from my account.

Member Signature (Required): _____

Date: _____

Return Completed Form to Your Nearest Branch

CREDIT UNION USE: Received by _____ Date _____