

## Affidavit for Unauthorized use of a Visa Debit or ATM Card

Please complete this form if your Visa **debit or ATM card** has been used fraudulently.

**As part of this process, your card will be deactivated.**

If you're disputing an *authorized* Visa debit transaction, please complete the Cardholder Dispute Form instead of this Affidavit.

If you're disputing charges made on a Visa *credit* card, please call Cardholder Services at 1.866.820.4927.

<b>Member Information</b>	
Member name (primary accountholder)	Member name (joint accountholder)
Residence address	City <span style="margin-left: 100px;">State</span> <span style="float: right;">ZIP</span>
Account number	Phone (       )
<b>Card Information</b>	
Card number:	Expiration date:
<input type="checkbox"/> Lost <input style="margin-left: 100px;" type="checkbox"/> Never Received <input style="margin-left: 100px;" type="checkbox"/> Stolen <input style="margin-left: 100px;" type="checkbox"/> Other	(Please explain circumstances.)
I first learned of the loss on _____ at _____. <span style="margin-left: 100px;">Date</span> <span style="margin-left: 100px;">Time</span>	
I/we have reported the crime to the following law enforcement agency: _____, on _____. The case number is _____. <span style="margin-left: 100px;">Date</span>	
<b>Circumstances</b>	
<b>(When and how was the card lost or stolen, where, by whom, etc.? Please explain all details.)</b>	
I/We have reason to believe that _____ misused the referenced card. Said person obtained possession of the card under the following circumstances. (Please provide details.)	
I/We have reason to believe the referenced card is now in the possession of:	
Name _____	Address: _____
Phone _____	_____

**Unauthorized Charges/Withdrawal Information**

The following ATM/Visa debit card purchases or withdrawals from my/our Checking/Savings account at Inspirus Credit Union, a Division of Gesa Credit Union were not made, authorized, approved, or ratified by me/us or such signers. (Please attach a sheet listing additional transactions, if necessary.)

Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____
Date	___/___/___	Merchant's name	_____	Amount \$	_____

**Signature(s)**

I/We have not received any part of the proceeds and will not benefit in any way, directly or indirectly, from the fraudulent transactions made with my/our Card.

I/We authorize Inspirus Credit Union, a Division of Gesa Credit Union or any other victim of the actions outlined above, to initiate criminal proceedings against the individual(s) that have defrauded my/our name.

If I/we at any time receive any restitution for this claim, I/we will promptly remit the funds to Inspirus Credit Union, a Division of Gesa Credit Union.

I/We recognize that false statements made in this affidavit with the knowledge of their falsity may subject me/us to civil liability and criminal penalties.

Signature of primary accountholder	Date
Signature of joint accountholder	Date

Please fax the completed form to Credit Services: **206.676.3649**

Please mail the original signed document to Credit Services: **P.O. Box 576, Seattle, WA 98111-0576**

The original signed document is needed for our records. Provisional credit can be issued based on the faxed copy. Questions? Please call **206.628.6055** or **1.888.628.4010, ext 6055**.