Please complete this form and return it with all supporting documentation to the FSUCU Card Services Department:
Fax: 850.309.8806
Phone: 850.224.4960

Claim of Fraud and Forgery

TYPE OF CARD: Credit Card Account number ending in _____.
ISSUER: Florida State University Credit Union

I, _____, residing at _____, in the county of _____, state of ___, herein declare that my card, described above was: (please check one)

___Lost or Stolen

___Never received in the mail

___Account number used-credit card (s) still in possession

___Never applied for card

___Convenience Check used- credit card (s) still in possession

On __/__/____ and was reported to the credit union on __/__/____.

A Police report **was** filed (report #_____ Police agency_____).

I have not used this card ending _____ for the purchase of merchandise, services, or cash advance, on the sales listed below. I have not authorized anyone else, orally or in writing, nor have I given consent, nor do I have knowledge of implied consent, to use or have possession of said card ending _____. I have not, and will not, receive goods, services, or otherwise benefit, directly or indirectly from the fraudulent transactions listed below.

I further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency. I have examined the following list of transactions: Merchant Sale(s), Cash Advance(s), Cash Machine Advance(s), and Statement Charges**. (If there are additional fraudulent transaction(s) which have not been identified below, please attach copies of statements identifying such transactions)**

Transactions

Date	Amount	Merchant Information

The above identified transaction(s) were not made by me or by anyone acting upon my authority or with my consent or knowledge.

Please check one of the following:

_____I have no knowledge of the identity or whereabouts of the person using the Credit Card.
_____I can identify the suspect as: Name _____, Address: _____
City/State:_____ Phone: _____ and Social Security Number: _____.

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

I swear 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 imprisonment.

Required: _____ _____
* Primary Cardholder's Signature *Secondary Cardholder's Signature

_____ *Authorized User

12/2011