

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: Debit 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.

 * Primary Cardholder