Notification of Fraudulent Transaction

Card	holder Name:	Account #				
Card Number:						
Disp	oute Reason/Elab	oration				
At the	time of the transaction(s)	please indicate status of card (Please check one):				
	Card Lost	Date card was Lost//				
	Card Stolen	Date card was Stolen//				
	Card still in Accountholder's possession.					
	New or Reissue Card Never Received					
	If cardholder still in possession of card is counterfeit card use suspected? \Box Yes \Box No					
	\Box Issuer certifies Cardholder denies authorizing or participating in the disputed transaction.					
	No one authorized to use this account signed for or participated in the transaction(s).					

Transaction Information

Transaction Date	Merchant Name	Dollar Amount
1//		
2//		
3//		
4//		
5//		
6//		
7//		
8//		
9//		
10//		

Transaction Information Continued

Transaction Date	Merchant Name	Dollar Amount
11//		
12//		
13//		
14//		
15//		
Police report Filed:	Yes 🗌 No	
If yes, Date:		Report #
Cardholder Signature:		Date:

I make this affidavit for the purpose of establishing the fraudulent use of my ATM or VISA Debit Card, Password, or ACH Account Access. I did not give, sell, or trade my ATM/Debit Card, Password or Account Access to anyone, nor did I give anyone permission to use my ATM/Debit Card, Password or Account access. I have no knowledge that my spouse or children (Minor or Adult) made any transaction (s) on or before the date of the first fraudulent transaction(s) indicated above. I did not receive any benefits from the unauthorized use of my ATM/Debit Card, Password, or ACH Account Access.

Cardholder Signature: _____

Date:____

I give my consent to UPS Employees Federal Credit Union to release and information regarding my card and/or account to local, state and /or federal law enforcement agency so that the information can, if necessary, to 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 court of law that the forgoing is true and correct. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statues and may be punishable by fines or imprisonment.

Cardholder Signature: _____

Date: