



Affidavit of Fraudulent Use of a Debit or ATM Card

MEMBER INFORMATION

Attached is an Affidavit of Fraudulent Use of a Debit or ATM Card (Affidavit) to report unauthorized transactions on your MPS Credit Union Debit or ATM Card. This form should be completed if your MPS Credit Union Visa® Debit Card or ATM Card has been used fraudulently. In addition to completing this affidavit, we recommend that you file a police report if you discover fraudulent card activity on your account.

Please return the Affidavit promptly so that we may resolve your issue in a timely manner. **You must notify the credit union of the unauthorized charge(s) within 60 days after we send you the statement. Notification after this timeframe will result in a loss suffered by you.** You are not required or expected to contact the merchant on fraudulent transactions.

For your convenience, the Affidavit is divided into three sections. Please complete and provide all requested information.

- In the first section, provide contact information, the card number that was used fraudulently, information regarding how the fraudulent activity may have occurred (e.g., lost card, stolen card, stolen account number, etc.) and any information about who may be responsible for the charges.
- In the second section, you will attest to the accuracy of the information previously provided.
- In the third section, list all the fraudulent charges, to include the amount, merchant name and date of transaction.

The MPS Credit Union Debit or ATM Card associated with the fraudulent transactions will be canceled immediately upon receipt of your completed Affidavit, if it has not been canceled already. If you still have the card in your possession, please destroy it immediately.

A completed Affidavit may be returned:

- At any MPS Credit Union branch or
- Mailed to MPS Credit Union, Attn: Debit Card Fraud, 2190 NW 72nd Ave, Miami, FL 33122.

Be sure to make a copy of the Affidavit for your records.

Once MPS Credit Union has received your Affidavit, it will be assigned for review. Please be aware that we pursue reimbursement avenues intended to reduce losses. We do not initiate criminal investigations; however, someone may contact you during the claim process if additional information is needed in reference to your claim. Please note: if we determine the charges to be valid, they may be applied back to your account.

The security of your account is our first priority. If you have any questions or need assistance completing this Affidavit, please contact the Member Service Department at 305-592-7733.

Reminders:

- This form should not be used to Dispute a transaction (i.e., when you question the validity of a transaction, when you see excessive charges, failure by merchant to deliver merchandise, etc.)
- If your MPS Credit Union Debit or ATM Card is used for automatic payments to a merchant, when you receive your new card, you will need to contact the merchant and provide your new card number.
- If you use digital wallet services such as Apple Pay or Android Pay, you may have to sign up with this service again when you receive your new MPS Credit Union Debit Card.



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TYPE OF CARD FRAUD (Check One) DEBIT CARD ATM

The MPS Credit Union Debit/ATM Card associated with the fraudulent transactions will be canceled immediately, if not done so already, upon receipt of your completed Affidavit.

Section I Cardholder Information			
Cardholder Name: First Name	MI	Last Name	Phone Number
Address, City, State, Zip:			
Card Number	Was Lost Card Reported to Police? Yes No Where?		Police Report Case Number:
Date Cardholder Discovered Loss	Date Loss Reported to Credit Union		Date of First Fraudulent Transaction
Total dollar amount of unauthorized transactions listed in Section 3:			
Was the PIN number written on the card or accessible? Yes No			

I, _____, make this affidavit for the purpose of establishing the fraudulent use of my card. To the best of my knowledge the above-referenced MPS Credit Union Debit/ATM Card was **(please mark only one appropriate selection)**:

- Lost:** I have not used the MPS Credit Union Debit/ATM Card identified above for the purchase of merchandise, services, to withdraw cash, or for any other purpose since the date listed above, when the card was lost.
- Stolen:** I have not used the MPS Credit Union Debit/ATM Card identified above for the purchase of merchandise, services, to withdraw cash, or for any other purpose since the date listed above, when the card was stolen.
- Never Received Card in the Mail:** I requested a Debit/ATM Card from MPS Credit Union, but never received the card in the mail.
- Counterfeit:** I had my MPS Credit Union Card in my possession when my account number was fraudulently used.
- Never Requested:** I never requested a MPS Credit Union Visa® Debit or ATM Card from MPS Credit Union.

I did not give, sell, or trade my card to anyone nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction. The transactions identified on this Affidavit were not authorized or signed by me or by anyone acting upon my authority or with my consent or knowledge. I have not authorized anyone else, orally or in writing, nor have I given consent, to use or have possession of this MPS Credit Union Debit or ATM Card. I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it. Neither I, nor any person(s) authorized to use my Debit Card, have received any benefit, directly or indirectly, from the unauthorized use of my Debit/ATM card.

I have no knowledge of the identity or whereabouts of the person(s) using the MPS Credit Union Debit/ATM Card. I can identify the suspect as:
Name
Phone Number

Section II Cardholder Agreement and Signature
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 persecution 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.

Cardholder Signature:	Date:
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STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Notary Public

Taken by MPS Employee _____

