



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 1-800-654-7728.

Member Information	
Member name (primary accountholder)	Member name (joint accountholder)
Residence address	City State ZIP
Account number	Phone ()
Card Information	
Card number _____ Expiration date _____ <input type="checkbox"/> Lost <input type="checkbox"/> Never received <input type="checkbox"/> Stolen <input type="checkbox"/> Other <div style="text-align: right; font-size: small;">(Please explain circumstances.)</div> I first learned of the loss on _____ at _____. <div style="text-align: center; font-size: small;">Date Time</div> I/we have reported the crime to the following law enforcement agency, _____, on _____. The case number is _____. <div style="text-align: center; font-size: small;">Date</div>	
Circumstances	
(When and how was the card lost or stolen, where, by whom, etc.? Please explain all details.)	
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.) <div style="height: 40px;"></div>	
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 School Employees Credit Union of Washington 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 \$ _____

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 School Employees Credit Union of Washington, 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 School Employees Credit Union of Washington.

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

Notary Public

State of Washington, County of _____	Sworn before me this day _____,	Notary seal
Name of Notary (typed or printed)		
Residing at _____	My commission expires _____	
Notary Public's signature		

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.**