



# AFFIDAVIT

## FRAUDULENT USE OF ON LINE ACCESS, BILL PAY, TELEPHONE AND WIRE SERVICES

This form should be used for all unauthorized online, bill pay, telephone or wire activity. This form must be signed and notarized; and requires a case number from a current police report filed against the unauthorized activity. If a further detailed explanation is necessary, please provide these on a separate sheet.

<input type="checkbox"/> OnLine Access	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Telephone	<input type="checkbox"/> Wire Services
<b>MEMBER INFORMATION</b>			
I make this affidavit for the purpose of establishing the fraudulent use of my account. I did not give, sell, or trade my OnLine Access code or Telephone Password to anyone nor did I give anyone permission to use my account. I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction(s) indicated below. I did not receive any benefit from the unauthorized use of my account.			
Member Name		Member Number	
Daytime Phone		Evening Phone	Cell Phone #
Mailing Address		City	State Zip
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction	
<b>LIST UNAUTHORIZED TRANSACTIONS BELOW:</b>			
<b>Date</b>	<b>Recipient Name/Member #</b>	<b>Amount</b>	<b>Date</b>
Name and Address of Unauthorized User (if known)			
<b>Police Report Details (Anchorage Police Department: Records Department 786-8600)</b> <i>(This is a requirement, the claim will not be processed until a case number is provided)</i>			Case #:

### SIGNATURES

I give my consent to the credit union to release any information regarding my 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 prosecution of any person(s) who may be responsible for fraud involving my 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.

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

State of \_\_\_\_\_ Judicial District \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

Member's Signature \_\_\_\_\_

Joint Member's Signature \_\_\_\_\_

Prepared by Operator # \_\_\_\_\_

