



CU Only	Case #:
	Card #:

CARDHOLDER AFFIDAVIT – FRAUDULENT USE OF MASTERMONEY® DEBIT CARD

Return all pages of this form to Riverfront Federal Credit Union, 430 South 4th St., Reading, PA, 19602, Attention: Debit Fraud.

Section I:

CARDHOLDER NAME		RIVERFRONT ACCOUNT NUMBER	DEBIT CARD NUMBER
CARDHOLDER ADDRESS (STREET)		CITY	STATE ZIPCODE
BEST TIME TO BE REACHED AM / PM	TELEPHONE NUMBER (H)	TELEPHONE NUMBER (WORK OR MOBILE)	EXT
I REQUESTED THE CARD <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF CARDS ISSUED	WAS LAW ENFORCEMENT NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	CASE NUMBER
DATE OF 1ST FRAUDULENT TRANSACTION (MO / DAY / YR)	DATE CARDHOLDER DISCOVERED LOSS (MO / DAY / YR)	DATE CARDHOLDER REPORTED LOSS TO RIVERFRONT (MO / DAY / YR)	

Section II:

I, _____, residing at _____

State to the best of my knowledge that at the time of the fraudulent transaction, my above referenced card was (check only ONE selection):

Lost: Date Card Lost ____/____/____ Debit Card has been lost. I have not used the Debit Card identified above for the purchase of merchandise, services, cash or for any other purpose since the above date.

Stolen: Date Card Stolen ____/____/____ Debit Card has been stolen. I have not used the Debit Card identified above for the purchase of merchandise, services, cash or for any other purpose since the above date.

Never Received Card in the Mail: I requested a Debit Card from Riverfront Federal Credit Union, but never received the card in the mail.

Unauthorized Use of Card Number: I had my Debit Card in my possession when my account number was fraudulently used.

Never Requested Card: I never requested a Debit Card from Riverfront Federal Credit Union.

➤ I complete this Cardholder Dispute Form for the purpose of establishing the fraudulent use of my Debit Card.

➤ I did not give, sell, or trade my Debit Card to anyone nor did I give anyone permission to use my Debit Card.

➤ 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 indicated above.

➤ I did not receive any benefit from the unauthorized use of my Debit Card.

➤ I did not use my Debit Card nor authorize the use of my Debit Card by anyone else after I discovered the unauthorized use of my Debit Card.

➤ I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.

➤ I believe that sales drafts, ATM transactions, telephone/mail orders or applications bearing my purported signature, or the purported signature of person(s) authorized to use my Debit Card number following the date reported above, are and will be forgeries.

➤ Further, I did not receive proceeds or benefits from any of those transactions.

Total amount of unauthorized transactions itemized on the following page(s) or on an attached page: \$ _____

Section III:

I have no knowledge of the identity or whereabouts of the person(s) using the Debit Card.

I can identify the suspect as: Name: _____, Address: _____
_____, Phone: _____, Soc Sec # _____

Section IV: IMPORTANT: DO NOT SIGN THIS DOCUMENT BEFORE READING THE FOLLOWING! By signing below I certify to the best of my knowledge and belief, that all of the information on and attached to this affidavit is true, correct, complete, and made in good faith. I also understand that this affidavit may be provided to federal, state, and local law enforcement agencies for such action with their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation on or with this affidavit may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment or both.

CARDHOLDER SIGNATURE	DATE (MO / DAY / YR)
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*****SECTION V ON THE FOLLOWING PAGE MUST ALSO BE COMPLETED*****

