



HANSCOM FEDERAL CREDIT UNION

AFFIDAVIT FRAUDULENT USE OF ONLINE ACCESS, BILL PAYMENT, TELEPHONE AND WIRE TRANSFER SERVICES

This form should be used for all unauthorized online, bill payment, telephone or wire transfer activity. This form must be signed and notarized. If a Police Report is requested by Hanscom Federal Credit Union, complete the section called Police Report Details. Please check the box below describing what type of fraudulent activity occurred in your account.

Online Access Bill Payment Telephone Wire Transfer Services

MEMBER INFORMATION

I/We make this affidavit for the purpose of establishing the fraudulent use of my/our account. I/We did not give, sell, or trade my/our Online Access code or Telephone Password nor did I/we authorize any individual to withdraw funds for the purpose of sending a Domestic or International Wire. I/We did not give anyone permission to use my/our account. I/We have no knowledge that my spouse or minor children, if applicable, made any transaction(s) on or after the date of the first fraudulent transaction(s) indicated below. I/We did not receive any benefit from the unauthorized use of my/our account.

Member Name _____ Member Number _____

Daytime Phone _____ Evening Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Date Loss Discovered ___/___/___ Date Loss Reported to CU ___/___/___ Date of First Fraudulent Transaction ___/___/___

Total Loss Reported \$ _____

LIST UNAUTHORIZED TRANSACTIONS BELOW:

Date Posted	Recipient Name/Member #	Amount	Date Posted	Recipient Name/Member #	Amount
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Name of Unauthorized User (if known) _____

Address of Unauthorized User (if known) _____

Police Report Details

If requested by Hanscom FCU - Police Department Contacted: _____

Officer Name: _____ Case # _____

SIGNATURES

I/We give my/our consent to the credit union to release any information regarding my/our 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/our account. Further I/we understand I/we may be required to comply with a court order or subpoena to give testimony. I/We 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.

Member's Signature _____ Legal Owner Signature _____

State of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

Original Forms must be received.

Attachment A

Member Name _____ Member # _____

<input type="checkbox"/> Online Access	<input type="checkbox"/> Bill Payment	<input type="checkbox"/> Telephone	<input type="checkbox"/> Wire Transfer Services
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Regarding Loss of \$_____

Briefly describe how this loss occurred:

Signature

Date

Original Forms must be received.