AFFIDAVIT OF FRAUD

1.	My mailing address is		·		
	My primary phone number is	My secondary phon	e number is		
2. My VISA credit/debit card was issued by Lehigh Valley Educators Credit Union and the card number			Jnion and the card number is		
3.	The above card was requested by me	: YES NO			
4.	. The following other person(s) were issued cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in their name(s) with the same account number as my cards in the same account number account numbe				
5.	To the best of my knowledge, my card Lost appro	I was: (select one of the following) Discrete Month/Day/Year Discrete Month/Day/Year Month/Day/Year			
	In my possession at all times when the fraudulent transaction(s) occurred.				
c	• •	• •			
6.	6. I learned of the fraud on approximately I reported my card lost/stolen on Month/Day/Year I reported my card lost/stolen on				
7.	The transaction(s) listed on the following page(s) of this form were: (check the box next to each true				
	statement)				
	Not made, nor authorized, by me.				
	To the best of my knowledge, not made by any person who was authorized to use my card.				
	To the best of my knowledge, not made by any person listed in Section 4 above.				
8.	I did not receive any benefit from the t	ransaction(s) listed on the following	page(s).		
9.	I do don't have knowledge of the identity of the person(s) illegally using my name, account number, or				
	card. (If you have such knowledge, pl	ease provide this information in the	section provided on the bottom of pa		
. I <u>g</u>	give consent to my financial institution to	o release any information regarding	my card and/or card account to any		
	ederal, state, or local law enforcement ag		•		
	vestigation and/or prosecution of any pe		•		
	count.				
	or your protection, California law requires the follow for the payment of a loss is guilty of a crime and ma				
Pri	imary	Primary			
	ardholder Name:	•	Date:		
	econdary ardholder Name:	Secondary Cardholder Signature:	Date:		

List of Unauthorized Transactions

(if you are aware of additional fraud charges that are not listed, please add them below or to the backside of this page)

Transaction Date	Transaction Amount	Merchant Name
error, please provide any dispute the transaction(s		the space below. This information will allow us to properly
provide any information	you have in the space bel	erson who used your account number or card, please ow. If you have filed a police report, please attach a copy tion, the phone number and the case number (if you were
Additional Comments:		