

Statement of Unauthorized Transaction (EFT or Credit Card)



124 W 1400 S, Suite 101
Salt Lake City, UT 84115
PH: 801-487-3219
TF: 877-658-7395
www.firefighterscu.com

Owner Information (As Applicable and as Required by the Credit Union) 1

Name _____ Member Number _____ Card Number _____

Unauthorized Transaction Information 2

To identify how you (the owner) became aware of the Unauthorized Transaction(s) (Electronic Funds Transfer/EFT or Credit Card), check the boxes and provide the date(s) for 1. & 2. (as applicable), answer questions 3. & 4. if applicable, and complete the information about the Unauthorized Transaction(s) in 5.

1. I discovered the Unauthorized Transactions(s) after my Debit Card, Credit Card or PIN was lost or stolen on:

_____ **Date Debit Card, Credit Card or PIN was Lost or Stolen**

2. I discovered the Unauthorized Transactions(s) on my statement, online service or by talking to a credit union employee on:

_____ **Date Discovered**

3. Have you ever given your card or PIN to another person to use? Yes No If yes, please explain:

4. Do you have any idea who may have performed the Unauthorized Transaction(s)? Yes No If yes, please explain:

5. Please list and provide the date, amount and location of each Unauthorized Transaction.

Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description	Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description

Additional Facts, Information or Comments about the Unauthorized Transaction(s) (Optional) 3

Certification & Promises by the Owner 4

Certification: I certify under penalties of perjury that I have read this statement in its entirety and attest that all information provided and all certifications made in this Statement are true and correct. I have reviewed my periodic statement, account or internet service and have discovered the unauthorized transaction(s) identified in this statement. I attest that the transactions(s) was/were not performed by me or anyone that I authorized and that I did not receive any personal benefit from the transaction(s). I agree that your credit union and anyone else to whom this Statement is provided may rely on the information and certifications contained in it.

Promise to Indemnify, Defend and Hold Harmless: I agree to indemnify, defend, and hold harmless your credit union and any other person who relies on this Statement from all claims, damages, losses and costs (including attorney fees) because of actions taken in reliance on the information provided or the certifications and promises made in this Statement.

Information, Release of Information and Cooperation: I agree to provide you with additional information concerning the unauthorized transaction(s) on your request. I consent to the release of any information in this Statement to any person who has a business or law enforcement interest in the unauthorized transactions(s).

Owner Signature _____ Owner Signature _____

Acknowledgement by Notary Public (Required at the Election of the Credit Union)

State of _____ in the county of _____, Notary _____
 This Agreement was signed before me on _____ Commission Expires _____
 by _____
 Name(s) of Owner(s)

Notary Seal 5

Reviewed

Employee Name _____ ID Number _____ Statement Date _____