



This affidavit is for the purpose of establishing the fraudulent use of your Visa Check Card or ATM card. All other disputes must be filed using the form for Non-Fraudulent Transactions.

Please be aware that it may take up to ten (10) business days from when your form is received to provide you with provisional credit. If you have questions, please call 520-794-8341 or 800-253-8245.

Step 1: Your Information (Please Print)

Name: _____	Day Phone: _____	Membership #: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
E-mail Address: _____	Card Number: _____	
	Expiration Date: _____	

Step 2: Card Information

Card Type:	<input type="checkbox"/> Visa Check Card	<input type="checkbox"/> ATM Card
Card was:	<input type="checkbox"/> Lost Date Card Lost: _____	<input type="checkbox"/> Stolen Date Card Stolen: _____
	<input type="checkbox"/> Sent to me, but not received	<input type="checkbox"/> In my possession
Date loss discovered: _____	Date loss reported to Credit Union: _____	
*Circumstances: Please write in detail, to the best of your recollection, a summary of events related to the compromise of your card. If your PIN was used, tell us how your PIN was obtained (attach additional sheets if necessary).		

Step 3: Fees

Please list all credit union fees that were caused by the fraudulent activity.

1.	Date: _____	Amount: _____	Merchant: _____
2.	Date: _____	Amount: _____	Merchant: _____
3.	Date: _____	Amount: _____	Merchant: _____
4.	Date: _____	Amount: _____	Merchant: _____
5.	Date: _____	Amount: _____	Merchant: _____

Credit Union Employee _____ Teller # _____ Date _____

Step 4: Unauthorized Charges

Please list all unauthorized charges, attach an additional sheet if necessary.

1. Date:	Amount:	Merchant:
2. Date:	Amount:	Merchant:
3. Date:	Amount:	Merchant:
4. Date:	Amount:	Merchant:
5. Date:	Amount:	Merchant:
6. Date:	Amount:	Merchant:
7. Date:	Amount:	Merchant:
8. Date:	Amount:	Merchant:
9. Date:	Amount:	Merchant:
10. Date:	Amount:	Merchant:

Step 5: Signature and affidavit of fraud

I make this affidavit to establish the fraudulent use of my card. I did not give, sell, or trade my Visa Check Card/ATM card, nor did I give anyone permission to use my card. I have no knowledge that my spouse or minor children, nor any other relative, friend, etc. made transactions on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card. I understand that Hughes Federal Credit Union will prosecute any person(s) who may be responsible for the fraud involving my Visa Check Card/ATM card. Further, 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 imprisonment.

Signature: _____ Date: _____

Step 6: Notary Required only if not signed in the presence of Credit Union Employee

State of: _____ County of: _____

THIS INSTRUMENT ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20____

Signature: _____

My Commission Expires: _____

For Fraud Department Use Only

CU Notified:	In Person	By Phone	By Mail	Other: _____
Chargeback Rights?	Yes	No	Fraud Code: _____	CAMS Alert #: _____
	Card Present	Below Chgbk Limit	Denied	
	Merchant Issued Credit		Other: _____	
Date of Provisional Credit: _____	Amount: _____	Date Claim Closed: _____		
Date/Time of 1st Fraud Transaction _____		Date Card Coded Fraud: _____		
	Reported Star	REG E Letter	Verafin Case	
Card Present (check all that apply):	Merchant Signature (and/or Express Pay)	Merchant PIN	ATM PIN	
	Other (biometrics, chip, contactless)	Key Entered	Card Not Present	