Date:_____

AFFIDAVIT OF FRAUD AND FORGERY

CARD NUMBER _____-_____ -_____ -_____

ISSUER: _____

I, _____, residing at_____, in the county of
First and Last name Street Address

_____, state of _____ herein declare that:

My Credit Card, described above, was at the time of the transactions

☐ Lost/Stolen;
☐ Never received in the mail;
☐ Account number used – card(s) still in possession
☐ Never applied for card;

I have not used this Credit Card/Account Number for the purchase of merchandise, services, cash advance, or for any other purpose. I have not authorized anyone else, orally or in writing, nor have I given consent, nor do I have knowledge of implied consent, to use or have possession of said Credit Card/Account Number. I have not, and will not, receive goods, services, or other wise benefit, directly or indirectly, from the fraudulent transactions listed below.

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 Credit Card/Account Number, are and will be forgeries.
I further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency.

Below, I have listed transaction(s) that I have identified were not made by me or by anyone acting upon my authority or with my consent or knowledge.

Date	Amount	Merchant Information

☐ I have no knowledge of the identity or whereabouts of the person(s) using the Credit Card.
☐ I can identify the suspect as: Name: _____, Address: _____
_____, City/State: _____ Phone: _____,
and Social Security Number: _____.

☐ I have filed a report with the following law enforcement agency: _____,
Location: _____, Name of contact spoken with: _____, Phone: _____
Case / ID Number: _____.

Executed at, (city or town) _____, in the county of _____

State of _____, this _____ day of _____ _____.

Primary cardholder's signature: _____

Secondary card holder's signature: _____

Home Phone: _____ Business Phone: _____

All other authorized account users (if none, check here ☐):

Signature: _____

Signature: _____

Witnessed by:
_____

Signature: _____

This Affidavit, being signed under penalty of perjury, does not require notarization

Comments: _____

_____

_____

Please return this form by:

Mail:
Fraud Department
Po Box 14542
Des Moines, IA 50306

Fax:
515-457-2074