



Written Statement of Forgery for Credit Card



Please return the completed form within 10 business days to Navy Federal Credit Union, PO Box 3503, Merrifield, VA 22119-3503. Or, you can fax it to 703-206-2055.

Type of credit card used: American Express® Mastercard® Visa®

Access Number	Card Number	Daytime Telephone Number	Date Card Account Was Closed (MM/DD/YY)
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I, _____, residing at _____, state to the best of my knowledge that the above-referenced Navy Federal Credit Card was (please mark only one appropriate selection):

- Lost: Date Card Lost** _____. I have not used the Navy Federal Credit Card identified above for the purchase of merchandise or services, to obtain cash, or for any other purpose since this date.
- Stolen: Date Card Stolen** _____. I have not used the Navy Federal Credit Card identified above for the purchase of merchandise or services, to obtain cash, or for any other purpose since this date.
- Never Received in the Mail:** I requested a Navy Federal Credit Card from Navy Federal Credit Union, but never received the card in the mail.
- Used Unauthorized:** I had my Navy Federal Credit Card in my possession when my account number was fraudulently used.
- Never Requested:** I never requested a Navy Federal Credit Card from Navy Federal Credit Union.

The transactions identified below were not authorized or signed by me or by anyone acting upon my authority or with my consent or knowledge. 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 this Navy Federal Credit Card. Neither I, nor any person(s) authorized to use my Navy Federal Credit Card, have received or will receive goods or services, or will otherwise benefit, directly or indirectly, from the transactions identified 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 Navy Federal Credit Card following the date reported above, are and will be forgeries.

I certify to the best of my knowledge and belief that all the information on this form is true, correct, complete, and made in good faith. I also understand that this information may be provided to federal, state, and local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of 18 U.S.C. or other federal, state, or local criminal statutes and may result in imposition of a fine, imprisonment, or both.

Cardholder Signature ▶

The transaction(s) identified were not made by me nor by anyone acting upon my authority or with my consent or knowledge.	<input type="checkbox"/> I have no knowledge of the identity or whereabouts of the person(s) using the card. <input type="checkbox"/> I can identify the suspect as:		
	Name		
	Address		
	Phone No.	Social Security Number	

List of Fraudulent Transactions (Required)

Please list all fraudulent charges in the space below to ensure that they are included with your fraud case. Include the merchant name, dollar amount, and transaction date for each charge. If there are a large number of charges, you may attach a copy of your billing statement(s) with the fraudulent charges marked in ink (please do not highlight charges if you are faxing). You may also list any additional charges on the back of this form.

Transaction Date (MM/DD/YY)	Merchant Name	Dollar Amount
		\$
		\$
		\$
		\$

List Continues on Back



List of Fraudulent Transactions *(Continued)*

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