



Credit Card Affidavit of Fraud and Forgery for Visa® or MasterCard®



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: Visa MasterCard

Access Number	Card Number	Daytime Telephone Number	Date Card Was Closed (MM/DD/YY)
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I, _____, residing at _____
Cardholder Name Cardholder Address

state to the best of my knowledge that the above-referenced account number was (please mark only one as appropriate):

- Lost:** Credit card has been lost. Unauthorized transactions may or may not have posted to the account.
- Stolen:** Credit card has been stolen. Unauthorized transactions may or may not have posted to the account.
- Never Received in the Mail:** Requested a credit card account from Navy Federal, but never received it at the address on file.
- Fraudulently Applied For:** Never applied for a credit card account.
- Counterfeit:** Member still has possession of the card and transactions have been made without the member's consent.
- Taken Over:** Requested a credit card account from Navy Federal; however, did not request for the person indicated below to be a joint cardholder of that credit card account.
- Fraudulently Used Via Mail/Telephone/Internet:** Member still has possession of the card and transactions have been made without the member's consent via mail, telephone, or Internet.

I/We further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency. I/We understand that I may be asked to provide Navy Federal a copy of a local police report or military police report, if one was filed, for the purpose of assisting Navy Federal in its investigation.

The transaction(s) identified was/were not made by me or by anyone acting upon my authority or with my consent.

- I do not know the identity or whereabouts of the person(s) who conducted the unauthorized transaction(s).
- I can identify the person(s) conducting the unauthorized transaction(s) as:

Name _____,

Address _____, City/State _____,

Phone _____, and Social Security Number _____.

By signing this affidavit, I certify that all statements made by me on this claim form are true and accurate.

Signature _____ Signature _____
Primary Cardholder Joint Cardholder/Authorized user

This form is only used for credit card transactions and should only be submitted once.

Please list all unauthorized transactions in the area below and on the back of this form to ensure that they are included with your fraud claim. List the dollar amount, the transaction date, and the payee/merchant name for each transaction.

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

Additional Space on Reverse



