



# Affidavit of Fraud or Forgery

**Note:** This form is for financial Institution internal use only. Call SHAZAM Customer Service at (800) 537-5427 to report lost or stolen cards.

Card number: \_\_\_\_\_ Financial institution: \_\_\_\_\_

Date of first fraud: \_\_\_\_\_

I / We \_\_\_\_\_ residing at \_\_\_\_\_

in the county of \_\_\_\_\_, state of \_\_\_\_\_, herein declare that as of \_\_\_\_\_

my / our SHAZAMChek card described above was (check one):

- \_\_\_\_\_ Lost / stolen
- \_\_\_\_\_ Never received in the mail
- \_\_\_\_\_ Account number used, card(s) still in possession

Since that date, I / we have not used this card (card number \_\_\_\_\_) for the purchase of merchandise, services, cash activity, or for any other purposes. I / we have not authorized anyone else, orally or in writing, nor have I / we given consent, nor do we have knowledge of implied consent, to use or have possession of said SHAZAMChek card. I / We have not, and will not, receive goods, services, or otherwise benefit, directly or indirectly, from transactions made after the date shown above.

I / We believe that cash activity sales drafts, telephone, internet, or mail orders executed after the above reported date of my SHAZAMChek (check one):

- \_\_\_\_\_ Card(s) lost
- \_\_\_\_\_ Non-receipt
- \_\_\_\_\_ Theft
- \_\_\_\_\_ Account number used, card(s) still in possession

and bearing my purported signature, or the purported signature of person(s) authorized to use my card following the date reported above, are and will be forgeries.

I / We further state that I / we will testify, declare, depose, or certify the truth of any or all of the foregoing before any competent tribunal, officer, or person in any case now pending or that may be hereafter instituted in connection with the matter contained in this affidavit. I / We further agree that any information relating to this account may be provided to any investigative or prosecutorial agency.

I / We declare under penalty of perjury that the foregoing is true and correct. Executed at (city) \_\_\_\_\_, in the county of \_\_\_\_\_, state of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Primary cardholder's signature: \_\_\_\_\_

Secondary cardholder's signature: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### All Other Authorized Account Users

Number of other account users \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** This affidavit, being signed under penalty of perjury, does not require notarization. Please attach additional comments. If this is a Visa debit card, you must complete a Visa Fraud Reporting form.