MERCK SHARP & DOHME
FEDERAL CREDIT UNION

Cardholder Fraud Affidavit

Member Instructions:

This Affidavit of Fraud should be used if you ***discover fraudulent*** transaction(s) on your account made using your MSDFCU debit card.

A transaction is considered fraudulent if it:

- Was made with a merchant with whom you do not have an account, and
- You do not know how the merchant obtained your debit card number, or
- Occurred without your authorization or permission.

You must notify the credit union of the unauthorized transaction(s) within 60 days of the statement date on which transaction(s) appear on. Failure to notify MSDFCU within this timeframe may result in a financial loss suffered by you.

You are not required to contact the merchant regarding fraudulent transactions. If the merchant previously withdrew funds from your account, you must work with them directly to resolve the dispute as this would not be considered fraudulent requiring a Cardholder Dispute form.

However, you are encouraged to file a police report if fraudulent activity is identified on your account.

Completing this Form:

This affidavit is divided into three sections. Please complete all required fields.

The completed form may be returned to:

- Any of our branch locations
- Mailed to: MSDFCU, 335 W Butler Ave, Chalfont, PA 18914
- Emailed to: info@msdfcu.org Note: This is not a secure e-mail address. DO NOT include account numbers or sensitive personal identifying information that may result in identity theft.

Upon receipt of this affidavit, MSDFCU will immediately cancel the affected debit card associated with the fraudulent transaction(s).

Important: Please ensure you are using the correct form.

- As a fraud claim applies to unauthorized activity, and
- A dispute applies to transactions with a known merchant where goods/services were not received as expected or were billed incorrectly. See Cardholder Dispute form.

If you have any questions, need help completing this Affidavit, or are asked to provide additional information, please contact us at **215-996-3700.**

Once a completed fraud affidavit is received, an investigation will be initiated.
Provisional credit will be issued within five (5-10) business days.

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Berkley FinSecure

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By completing this Affidavit, I certify that the use of **my MSDFCU Visa Debit Card** was unauthorized and agree to the following:

- I am submitting this Cardholder Fraud Affidavit Form to report fraudulent use of my Visa Debit Card
- I did not give, sell, or transfer my card to any person, nor did I authorize anyone to use.
- To the best of my knowledge, no spouse or minor child (or children) conducted any of these transactions listed.
- I did not receive any benefit(s) from the unauthorized transaction(s).
- I did not use, nor authorize the use of, my card after I discovered the unauthorized activity.
- I have reviewed all listed transaction(s) and confirm that I did not initiate or authorize them.
- I did not receive any goods, services, or proceeds from the listed transactions.

Section I Cardholder Information			
Name of Cardholder:	Phone Number:	Additional Phone Number:	
Address:	City:	State:	Zip:
Debit Card Number (if applicable):	Do you request a new card? □Yes □No	How many fraudulent transactions occurred?	
At the time of the Fraudulent transaction(s), my card was: □In my possession □Never received card in the mail □Lost/Stolen □Other_____	Did you report to local law enforcement? □Yes □No If '*yes*', please provide details in Police report information box.	Police report information: Report/Incident Number:_____ Officer's Name:_____ Police Department:_____	
Date Loss was discovered:	Date Reported Loss to Credit Union:	Date of First Fraudulent Transaction:	

Total Amount of unauthorized transaction(s) with the itemized list in Section II:	$_____

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Section II List of Fraudulent Transactions

Please list all fraudulent/unauthorized charges in the area below to ensure that they are included with for your case. Include the transaction dated (from statement or activity in online banking), merchant's name (exactly how it appears), and dollar amount for each charge.

If you need more space, list any additional charges and relevant details on a separate sheet for processing.

Transaction Date	Merchant Name	Dollar Amount

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Transaction Date	Merchant Name	Dollar Amount

Section III Cardholder Agreement and Signature

I hereby give my consent to the credit union to release any information regarding my card and/or card account to any local, state, and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. I swear this Cardholder Fraud 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.

Cardholder Signature	Date