



MERCK SHARP & DOHME
FEDERAL CREDIT UNION

CARDHOLDER FRAUD AFFIDAVIT

Fraudulent Use of your MSDFCU Debit Card

Please note that upon receipt of this Affidavit of Fraud, MSDFCU will immediately cancel, if not done so already, the Visa Debit Card associated with the fraudulent transaction(s). This entire form must be completed where applicable, signed by the cardholder, and returned to MSDFCU. **The completed form may be sent by email to: info@msdfcu.org, faxed to 866-785-7834, or sent by regular mail to: MSDFCU, Attn: Card Services Department, 335 W Butler Ave, Chalfont, PA 18914.**

Unauthorized charge(s) must be reported within 60 calendar days from the original transaction date on the monthly statement. MSDFCU will grant a *provisional credit* for the unauthorized transaction(s) within five (5) business days upon receipt of this Affidavit. If verbal or some other sort of written notification (other than this form) is received to report the fraud, MSDFCU will still grant provisional credit within five (5) business days, however; the cardholder will have ten (10) business days to complete and return this Cardholder Fraud Affidavit.

Finally, even though a Police Report is not required, **we strongly recommend that cardholders notify their local law enforcement, especially if the fraud occurred locally to the cardholder or if the unauthorized charge was done with the cardholder's PIN.** If a Police Report was filed, please provide a copy or proof of it with this Affidavit.

By completing this affidavit I claim fraudulent use of my MSDFCU Visa Debit Card and agree to the following:

- I completed this Cardholder Fraud Affidavit Form for the purpose of establishing the fraudulent use of my Visa Debit Card.
- I did not give, sell, or trade my card to anyone nor did I give anyone permission to use my card.
- I have no knowledge that my spouse or minor child (or children) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive any benefit from the unauthorized use of my Visa Debit Card.
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card.
- I have examined all of the unauthorized transactions and in each instance I did not originate the transaction nor authorize it.
- Further, I did not receive proceeds or benefits from any of those transactions.

SECTION I

CARDHOLDER INFORMATION

Cardholder's Name		Home Phone Number		Work/Cell Phone Number	
Mailing Street Address		City		State	Zip
Did Cardholder Request the Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	16 Digit Debit Card Number		Number of Cards Issued		
Type of Card: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	At the time of the Fraudulent Transaction(s), the card was: <input type="checkbox"/> In My Possession <input type="checkbox"/> Lost <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen		Was Law Enforcement Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Cardholder Discovered Loss	Date Cardholder Reported Loss to Credit Union/Processor		Date of First Fraudulent Transaction		

Please provide further claim details, if necessary, on a separate sheet of paper.

