

Member Instructions

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

A transaction is considered fraudulent if it is from a merchant where you do not have an account and you do not know how the merchant obtained your debit card number or from transactions when you have not authorized someone else to use your debit card.

You must notify the credit union of the unauthorized charge(s) within 60 days after we send you the statement. Notification after this timeframe will result in a loss suffered by you.

You are not required or expected to contact the merchant on fraudulent transactions.

You should file a police report if you discover fraudulent card activity on your account.

Completing this Form

This Affidavit of Fraud is organized into three sections. Please complete and provide all information requested.

Completed forms may be returned to:

- Any of our branch locations
- Faxed to: 866-785-7834
- 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 of Fraud, MSDFCU will immediately cancel the debit card associated with the fraudulent transaction(s).

NOTE: To ensure timely processing and resolution, make sure you are using the correct form.

A **disputed** transaction is a charge from a merchant that you have done business with where the merchandise or services received were not what you paid for, or when additional amounts were charged without your permission.

Disputed card transactions need to include a record of your attempt(s) to resolve the dispute directly with the merchant.

If your transaction(s) meets the definition of a dispute, use the Cardholder Dispute Form.

We will investigate the fraudulent transactions upon receipt of the completed Cardholder Fraud Affidavit and your account will receive provisional credit within five (5) business days.

If you have any questions or need assistance completing this Affidavit, please contact us at 215-996-3700.

Cardholder Fraud 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 authorized 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 Name	Home Phone Number	Work / Cell Phone Number	
Mailing Street Address	City	State	Zip
Debit Card Number	Did you request this card? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many cards were issued?	
At the time of the Fraudulent transaction(s), my card was: <input type="checkbox"/> In my possession <input type="checkbox"/> Lost <input type="checkbox"/> Never received in the mail <input type="checkbox"/> Stolen	Was law enforcement notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' is checked, please provide details →	Police report information Report Number: _____ Name of Officer: _____ Police Department: _____	
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

Total Amount of unauthorized transactions itemized on the back of this page or on an attached page:	_____
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Section II 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.	
Member Signature	Date

