

**Date:** \_\_\_\_\_

***AFFIDAVIT OF FRAUD AND FORGERY***

CARD NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

ISSUER: \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_, in the county of  
First and Last name Street Address

\_\_\_\_\_, state of \_\_\_\_\_ herein declare that:

My Credit Card, described above, was at the time of the transactions

- Lost/Stolen;
- Never received in the mail;
- Account number used – card(s) still in possession
- Never applied for card;

I have not used this Credit Card/Account Number for the purchase of merchandise, services, cash advance, or for any other purpose. I have not authorized anyone else, orally or in writing, nor have I given consent, nor do I have knowledge of implied consent, to use or have possession of said Credit Card/Account Number. I have not, and will not, receive goods, services, or other wise benefit, directly or indirectly, from the fraudulent transactions listed below.

I believe that sales drafts, ATM transactions, telephone/mail orders, or applications bearing my purported signature, or the purported signature of person(s) authorized to use my Credit Card/Account Number, are and will be forgeries.

I further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency.

Below, I have listed transaction(s) that I have identified were not made by me or by anyone acting upon my authority or with my consent or knowledge.

Date	Amount	Merchant Information

I have no knowledge of the identity or whereabouts of the person(s) using the Credit Card.

I can identify the suspect as: Name: \_\_\_\_\_, Address:

\_\_\_\_\_, City/State: \_\_\_\_\_ Phone: \_\_\_\_\_,  
and Social Security Number: \_\_\_\_\_.

I have filed a report with the following law enforcement agency: \_\_\_\_\_,  
Location: \_\_\_\_\_, Name of contact spoken with: \_\_\_\_\_, Phone: \_\_\_\_\_

Case / ID Number: \_\_\_\_\_.

Executed at, (city or town) \_\_\_\_\_, in the county of \_\_\_\_\_

State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

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

Secondary card holder's signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

All other authorized account users (if none, check here ):

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

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

Witnessed by:

\_\_\_\_\_

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

**This Affidavit, being signed under penalty of perjury, does not require notarization**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form by:

**Mail:**

Fraud Department

Po Box 10409

Des Moines, IA 50306

**Fax:**

515-457-2074