

Statement of Unauthorized EFTs or Credit Card Transactions



567 S. State Street
PO Box 567
Jackson, MS 39205
PH: 601-355-6363
TF: 800-698-7570

Owner Information (As Applicable and as Required by the Credit Union)

1

Name _____ Owner Number _____ Account Number (if applicable) _____ Home Phone _____ Work Phone _____

Unauthorized Electronic Fund Transfer or Credit Card Transaction Information

2

For Unauthorized Electronic Funds Transfers (EFTs), please read **1a.** and **1b.**, check the box in front of **1a.** or **1b.** whichever is applicable, and provide the date. For Unauthorized Credit Card Transactions please check the box in front of **2.**, read and provide the date, and check the relevant box for how the unauthorized credit card transaction(s) was/were discovered. Thereafter please read and answer **3.** and **4.** (if applicable), and complete the information about the Unauthorized EFT(s) or Credit Card Transaction(s) in **5.**

1a. I discovered the **Unauthorized EFT(s)** after my Debit Card, ATM Card or PIN was lost or stolen on: _____
Date Lost or Stolen

1b. I discovered the **Unauthorized EFT(s)** on my statement, online service or by talking to a credit union employee on: _____
Date Discovered

2. I discovered the **Unauthorized Credit Card transaction(s)** on: _____
Date Discovered

after my card was lost or stolen, or
 from my statement or an online service.

3. Have you ever given your debit/ATM card or PIN, or Credit Card, to another person to use? Yes No If yes, please explain:

4. Do you know who may have performed the Unauthorized EFTs or Credit Card transaction(s)? Yes No If yes, please explain:

5. Please list and provide the date, amount and location of each Unauthorized EFT or Credit Card Transaction.

Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description	Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description

Additional Facts, Information or Explanations about the Unauthorized EFT(s) or Credit Card Transaction(s) (Optional)

3

Certification & Promises by the Owner

4

Certification: I certify under penalties of perjury that I have read this statement in its entirety and attest that all information provided and all certifications made in this Statement are true and correct. I have reviewed my periodic statement, account or internet service and have discovered the unauthorized transaction(s) identified in this statement. I attest that the transactions(s) was/were not performed by me or anyone that I authorized and that I did not receive any personal benefit from the transaction(s). I agree that your credit union and anyone else to whom this Statement is provided may rely on the information and certifications contained in it.

Promise to Indemnify, Defend and Hold Harmless: I agree to indemnify, defend, and hold harmless your credit union and any other person who relies on this Statement from all claims, damages, losses and costs (including attorney fees) because of actions taken in reliance on the information provided or the certifications and promises made in this Statement.

Information, Release of Information and Cooperation: I agree to provide you with additional information concerning the unauthorized transaction(s) on your request. I consent to the release of any information in this Statement to any person who has a business or law enforcement interest in the unauthorized transactions(s).

Owner Signature _____ Owner Signature _____

State of _____ in the county of _____, Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____

Name(s) of Owner(s)

Reviewed

5

Employee Name _____ ID Number _____ Statement Date _____