

# Statement of Unauthorized EFTs or Credit Card Transactions



**Eagle Express**  
FEDERAL CREDIT UNION

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Jackson, MS 39205  
PH: 601-355-6363  
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## Owner Information (As Applicable and as Required by the Credit Union)

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Name \_\_\_\_\_ Owner Number \_\_\_\_\_ Account Number (if applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Unauthorized Electronic Fund Transfer or Credit Card Transaction Information

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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)

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## Certification & Promises by the Owner

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**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 transaction(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

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Employee Name \_\_\_\_\_

ID Number \_\_\_\_\_

Statement Date \_\_\_\_\_