



Fraud Affidavit

WRITTEN STATEMENT UNDER PENALTY OF PERJURY

SECTION 1 : CLAIMANT/MEMBER INFORMATION

Claimant/Member Name		Primary Contact #	Secondary Contact #	
Address		City	State	ZIP

Need assistance? Call toll free: 800-328-5328 or International callers: +1-818-565-2020

SECTION 2: TRANSACTION INFORMATION (Not for use with ACH or ATM/Debit/Credit Card Transactions)

Type of Instrument/Transaction:

Check
 Withdrawal/Transfer
 Loan
 Web Bill Payment
 Wire
 Other _____

Account Number	Payee(s)	Maker/Originator
Amount	Check/Item Number	Date
Drawn on Financial Institution		

List additional checks or transactions below. Attach additional pages if necessary.

CK #/TRAN TYPE	DATE	AMOUNT	CK #/TRAN TYPE	DATE	AMOUNT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SECTION 3: DECLARATION - Complete the appropriate statement and initial ONE box to the left.

Initials	Forgery - Check/Transaction/Loan/Wire - The maker's name contained on the instrument described above is a forgery and/or the transaction was not authorized.
Initials	Unauthorized Check (REQUIRES NOTARIZED SIGNATURE) or Web Bill Payment - The check/transaction described above and paid against this account was not authorized. I did not authorize a check on my account for the item listed. I did not authorize the originator to debit my account. My account was debited before the date I authorized. My account was debited for a different amount from what I authorized. My check was improperly processed electronically. Other: _____
Initials	Unauthorized Online or Phone Transfer - The transaction described above was not authorized.
Initials	Counterfeit Check - This check bearing my account information and/or signature is a replication that was not issued nor authorized.
Initials	Altered Check (REQUIRES NOTARIZED SIGNATURE) - The following information was altered and the alteration was not authorized: Payee was issued as _____ and altered to _____ Amount was issued as _____ and altered to _____ Date was issued as _____ and altered to _____
Initials	Missing/Forged Endorsement (REQUIRES NOTARIZED SIGNATURE) - The endorsement on this check is missing or forged and was not authorized by the intended payee(s).

SECTION 4: I FURTHER DECLARE THAT: (Claimant/Member should initial each section below)

1. _____ I did not receive any part of the proceeds of the transaction and have not been reimbursed for any loss associated with the transaction. This affidavit is made voluntarily for the purpose of establishing the fact that the transaction was unauthorized.

2. _____ I give my consent to Logix Federal Credit Union to release any information regarding my account to any local, state and/or federal law enforcement agency so that information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony.

SECTION 5: ADDITIONAL DESCRIPTION/INFORMATION (Answer all 4 questions)

The following contains all the information I have concerning the claim. If, at a later date, I obtain additional information about this incident, I will notify the Credit Union immediately.

1. How and when did you first become aware of the unauthorized transaction?

2. Do you have any information or suspicions about who may be responsible for the transaction or how someone might have obtained the account information?

3. Have you filed, or do you plan to file a police report? If applicable, please provide entity name and report number.

4. What other information do you have that you think might be important to identifying the perpetrator?

SECTION 6: CLAIMANT SIGNATURE (Notary, if applicable)

Notarized signature required for Altered Items, Forged Endorsements, and Unauthorized Draft Claims

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____ Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Witness my hand and official seal.	"I declare under penalty of perjury under the laws of the United States and the laws of this state that the foregoing is true and correct:" Claimant/Member Signature _____ Date _____ Witness Signature(Bank or CU Employee) _____ Date _____ Job Title/Financial Institution Name/Address/Phone # _____
Signature of Notary Public _____	

Completed Forms: Completed forms can be **(1)** emailed to FraudGroup@lfcu.com, **(2)** faxed to the Fraud Risk Management Department at (818) 565-2144, **(3)** dropped off at any Logix branch, or **(4)** mailed to: Logix Federal Credit Union, Attn: Fraud Risk Management, PO Box 4070, Castaic, CA 91310. To speak to a Logix Fraud Investigator, please call our hotline at (818)565-2150 or email FraudGroup@lfcu.com.