

Complete this form to notify the Credit Union of any fraudulent account activity that occurred with Online Banking/Bill Pay/Mobile, telephone or wire transfer activity. If a Police Report is requested by Harvard Federal Credit Union, complete the section called Police Report Details. Once complete, use one of these options to deliver this form to the Credit Union:

- Upload to Harvard FCU using the **Document Uploader** at [harvardfcu.org/upload](http://harvardfcu.org/upload). (Preferred!)
- Fax to 617.812.8401
- Mail to P.O. Box 382609, Cambridge MA, 02238-22609
- Visit any Harvard FCU Branch

### Member Information

I make this affidavit for the purpose of establishing the fraudulent use of my account. I did not give, sell, or trade my Online Access code or Telephone Password nor did I authorize any individual to withdraw funds for the purpose of sending a Domestic or International Wire. I did not give anyone permission to use my account. I have no knowledge that my spouse or minor children, if applicable, made any transaction(s) on or after the date of the first fraudulent transaction(s) indicated below. I did not receive any benefit from the unauthorized use of my/our account.

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Transaction Information

#### Where did the transaction occur?

Online Banking/Bill Pay/Mobile     Telephone     Wire Transfer Services

Amount of Loss \$: \_\_\_\_\_

Date Loss Discovered: \_\_\_\_\_ (mm/dd/yyyy)    Date Loss Reported to CU: \_\_\_\_\_ (mm/dd/yyyy)

Date of First Fraudulent Transaction: \_\_\_\_\_ (mm/dd/yyyy)

Name of Unauthorized User (if known): \_\_\_\_\_

Address of Unauthorized User (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### List Unauthorized Transactions:

	Date Posted	Recipient Name/Member #	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$

### Police Report Information

If requested by Harvard FCU - Police Department \_\_\_\_\_

Contacted: Officer Name: \_\_\_\_\_ Case #: \_\_\_\_\_

I give my consent to the credit union to release any information regarding my 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/our account. Further I understand I may be required to comply with a court order or subpoena to give testimony. I swear this information provided 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 by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

### Notary Information

Date: \_\_\_\_\_ (mm/dd/yyyy)

Notary Name: \_\_\_\_\_ Notary Public: \_\_\_\_\_

### Additional Information

#### Where did the transaction occur?

Online Banking/Bill Pay/Mobile  Telephone  Wire Transfer Services

Regarding Loss of \$: \_\_\_\_\_

Briefly describe how this loss occurred:

**INTERNAL USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)