

**DEBIT CARD TRANSACTION AFFIDAVIT**

(Fax to Debit Card Services at 352.241.9748)

I, \_\_\_\_\_, being duly sworn, depose and say that I am an authorized signor on account number \_\_\_\_\_. My VISA Debit card information was lost \_\_\_\_\_ stolen \_\_\_\_\_ on \_\_\_\_\_. I have not used this card ending \_\_\_\_ for the purchase of merchandise, services, cash advance, on the sales listed below. 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 card ending \_\_\_\_\_. I have not, and will not, receive goods, services, or otherwise benefit, directly or indirectly, from the fraudulent transactions listed below.

I have examined the following list of transactions: Merchant Sale(s), Cash Advance(s), Cash Machine Advance (s), Statement Charges.

Transaction Date	Merchant Name or ATM Location	Transaction \$

I make this affidavit voluntarily for the purpose of establishing the fraudulent use of the card by an unauthorized person. I swear this affidavit is true and understand that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency and willful violations of the Federal Electronic Funds Transfer Act – Regulation E carries criminal penalties, and conviction for fraudulent use of EFT services carries a \$10,000.00 fine and ten (10) years jail term.

\_\_\_\_\_ ID. \_\_\_\_\_ Exp. \_\_\_\_\_  
Signature

Sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature                                  Notary Name Printed                                  Date

EFT ERROR REPORT AND/OR INFORMATION REQUEST

Section I: General information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM  
Member Name: \_\_\_\_\_  
Member Account Number: \_\_\_\_\_  
Member Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone & Ext.: \_\_\_\_\_

Section II: Member Questions

1. Are you presently in possession of your Insight Credit Union Debit card (s)? \_\_\_\_\_  
If you are not is it lost or stolen? \_\_\_\_\_  
If lost or stolen, has it been reported? \_\_\_\_\_  
If yes, to whom and when? \_\_\_\_\_
2. When did you discover the card was missing? \_\_\_\_\_
3. Have you ever authorized anyone to use your Insight Credit Union Debit card? \_\_\_\_\_  
If yes, whom? \_\_\_\_\_  
If no, do you suspect anyone? (Provide suspect's name) \_\_\_\_\_
4. Where do you keep your Debit card? \_\_\_\_\_
5. Where do you keep your "PIN" (Personal Identification Number)? \_\_\_\_\_
6. Is the "PIN" written on the card or on anything that you may carry on your person, such as a wallet? \_\_\_\_\_
7. Have you reported any other Debit card errors in the past? \_\_\_\_\_  
If yes, when was it reported? \_\_\_\_\_  
If yes, what was the amount of the error? \_\_\_\_\_

In addition to completing this error report, federal regulation requires that you, the member or joint owner of an Insight Credit Union CU Debit card, submit to Insight Credit Union a written confirmation of error(s) reported and/or information requested. This letter should contain the following information:

- Your name (as it appears on your credit union account)
- Your Insight Credit Union account number
- A description of the error which you believe occurred on your account and how or why this error has occurred
- The date of the transaction, the merchant name, and the amount of the error.
- If ATM dispute, list the date of the transaction, the type of transaction, location of the ATM where the transaction occurred, and the amount of the error.

This confirmation letter must be personally signed by you and be received by Insight Credit Union within ten (10) business days of the date on which we were notified.

