



AFFIDAVIT OF UNAUTHORIZED ATM/DEBIT CARD TRANSATION(S)

Please read this affidavit carefully. You are cautioned that knowingly giving a false answer may subject you to criminal prosecution for perjury, punishable by imprisonment and/or a fine.	
I, _____, being duly sworn, hereby state as follows:	
1.	I am over the age of eighteen (18) years and believe in the obligations of an oath.
2.	I reside at _____. My home telephone number is _____, and my work number is _____.
3.	I applied for and _____ was issued _____ never received an automated teller machine ("ATM/Debit") card, number _____, by Fairfield County Bank.
4.	I applied for and was issued a selected Personal Identification Code ("PIN") for use in conjunction with the ATM/Debit Card to access my Checking/Savings/Money Market Account(s) maintained at Fairfield County Bank.
5.	Please explain the circumstances surrounding any unauthorized transactions, lost or stolen ATM/Debit Card. If your PIN was also lost or stolen, please explain in some detail how both items were taken or lost simultaneously:
6.	When was the last time you used your ATM/Debit card? Date: _____ Time: _____ Transaction type: _____ Location: _____ Amount: _____
7.	To the best of my knowledge, my ATM/Debit card (initial the appropriate item): _____ Was lost by me on _____, 20____ _____ Was stolen from me on _____, 20____ _____ Was in my possession at all times when the disputed transaction(s) occurred _____ Other (Please explain) _____
8.	Check applicable statements and fill in information: _____ I notified the Bank my card was lost/stolen on _____, 20____ By: Phone _____ Visit to Branch _____ Mail _____ The person notified at the Bank was _____ _____ I notified the Bank of unauthorized transactions on _____, 20____ By: Phone _____ Visit to Branch _____ Mail _____ The person notified at the Bank was _____ I normally kept my card in _____ (wallet, desk, etc.) My PIN was kept _____ (where) _____ I have had a recent change of address after which a new card and PIN may have been mailed to a prior address ____ yes ____ no. Circumstances pertaining to lost/stolen card and/or unauthorized ATM/Debit Card transactions have been reported to the police ____ yes ____ no.

Note: We may require you to file a police report if you have not already done so.

If yes, complete the following:

Officer name, Department and Assignment _____

Report or File number _____ Card recovered _____

If an arrest was made, case number _____

Name and address of person(s) arrested

9. The transactions listed below were not made by me or authorized by me, or made by any person to whom I have at any time made available my card or PIN, Card Number:

Date	Amount	Checking	Savings/ Money Market	Locations of ATM or POS Merchant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. I have not made my card or pin available to anyone other than the following person(s):

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

11. I have neither received nor benefited from the proceeds of the unauthorized transactions nor to the best of my knowledge have any of the persons listed in paragraph 10 received or benefited from them.

12. I will cooperate in the prosecution of the person(s) improperly using my card.

This affidavit is made for submission to the Bank for use as part of its investigation of my claim that my account (s) should not be debited for the transactions listed above. I hereby authorize Bank investigators and law enforcement officials to investigate all circumstances concerning these transactions.

I am aware that improperly obtaining funds from Fairfield County Bank by fraudulent use of an ATM/Debit card may constitute a federal criminal offense, punishable by imprisonment and/or a fine, and that any false statements made in this affidavit or to any Bank investigator or law enforcement official in connection with an investigation may constitute evidence of such a crime. I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct.

Date

Signature

Signature

(Joint owners must both sign this affidavit or sign individual affidavits.)

Please attach any documentation supporting your claim (bank statements, police reports, etc).

Acknowledgement

State of _____

County of _____

On this the _____ day of _____, 20____,

before me, _____

The undersigned officer, personally appeared

Known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness where of I here unto set my hand.

_____ (Seal)
Notary Public