



AFFIDAVIT OF FRAUD OR FORGERY – ATM/POS

State of _____

County of _____

By signing below, I { _____ } OF { _____ }, certify to
Name City, State
the best of my knowledge and belief that all the information on and attached to this affidavit is true,
correct, complete, and made in good faith for account { _____ }.
Account Number

One: I am disputing the following unauthorized charge(s) on my account – include the date, transaction name, reference number (if available), and amount: (If additional space is needed, please list on a separate sheet of paper, sign and attach)

Date	Transaction Name	Reference Number	Amount

Two: I agree to indemnify the Bank for any cost or loss to the Bank as a result of any of the statements in this affidavit being untrue. I agree to reasonably cooperate in the investigation into the facts surrounding the unauthorized use described above.

Three: I understand that knowingly making any false or fraudulent statement(s) or representation on or with this affidavit is subject to federal and/or state statues and may be punishable by fines and/or imprisonment.

Account Holder Signature

Print Name

Notary Public: _____

My commission expires: _____