



ATM DECLARATION OF UNAUTHORIZED USE

Name: _____ Joint Name: _____

Account #: _____ Card Number: _____

Phone #: _____

The undersigned hereby declares that the checking/savings statements have been carefully examined and that the following described transactions were not made by myself or the joint member.

Transaction Date	Amount	Type of Transaction	Location of ATM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPLETE ALL INFORMATION.

The undersigned had possession of the ATM/Check card indicated above at the time the described transaction(s) took place. Yes _____ No _____

Was PIN written on card or on other document close to where card was kept? Yes _____ No _____

The ATM/Check card indicated above was lost/stolen on _____ and the loss/theft was reported to VONS CREDIT UNION on _____. The circumstances of the loss/theft were as follows:

The undersigned gave the ATM/Check card and or permission to use this card on a previous occasion to Name and address of individual:

I have knowledge of the circumstances surrounding the transaction(s). Yes _____ No _____

I have knowledge of the person(s) who conducted the transaction(s). Yes _____ No _____

I have recently responded to an e-mail requesting card and/or PIN verification? Yes _____ No _____

Below is a brief explanation of what I know regarding the circumstances and or person(s) surrounding the transactions(s).

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I WILL ALSO COOPERATE WITH VONS CREDIT UNION DURING THE FRAUD INVESTIGATION.

MBR SIGNATURE _____

JOINT SIGNATURE _____

BOTH SIGNATURES REQUIRED

DATE _____

FAX 626-246-3134