

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 University Employees 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 HUECU using the Document Uploader at huecu.org/upload. (Preferred!)
- Fax to 617.812.8401
- Mail to P.O. Box 382609, Cambridge MA, 02238-22609
- Visit any HUECU 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 HUECU - 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)