

WRITTEN STATEMENT OF UNAUTHORIZED ATM/VISA DEBIT CARD



LCFCU.ORG | 202-707-5852 |
800-32-LCFCU (52328) | 800-325-2328

I, _____, being first duly sworn under oath, depose and state that I reside at _____, phone number (___ ___) _____ - _____, and that it has been exhibited to me that an unauthorized debit of my Library of Congress Federal Credit Union ATM/Visa Debit Card, Account Number _____ has occurred, as follows:

Transaction Date	Posting Date	Merchant's Name	Amount
___/___/___	___/___/___	_____	\$ _____
___/___/___	___/___/___	_____	\$ _____
___/___/___	___/___/___	_____	\$ _____
___/___/___	___/___/___	_____	\$ _____
___/___/___	___/___/___	_____	\$ _____

Please attach a sheet listing additional transactions, if necessary.

To the best of my knowledge, my card was (check one):

Lost approximately ___/___/___ Stolen ___/___/___ Never received

In my possession at all times when the fraudulent transactions occurred

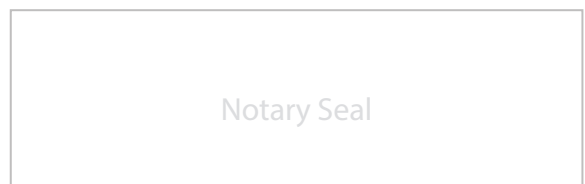
These transactions were not made, authorized, approved, or ratified by me/us or such signers. I never used the ATM/Visa Debit Card nor ever authorized anyone to execute the ATM/ Visa Debit Card, nor directly or indirectly received any value, for any of these transactions therefore and any part thereof on said date.

Signature

Date

Subscribed and sworn to before me this _____ Day of _____, 20 _____

Notary Public



Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:
Library of Congress FCU
8100 Professional Place, Suite 308
Hyattsville, MD 20785-2229

Completed forms can also be dropped off in-person at our Madison branch:

**101 Independence Ave., SE,
Room LM 634,
Washington, DC 20540-9997**