

## **Fraud Affidavit – Unauthorized Paper Draft**

|                |                 |                |
|----------------|-----------------|----------------|
| Account Title: | Account Number: | Branch Number: |
|----------------|-----------------|----------------|

| Check Number | Posting Date | Amount | Payee |
|--------------|--------------|--------|-------|
|              |              | \$     |       |

I, \_\_\_\_\_, depose and say that I have examined the described draft debit entry that was charged to my account with Carolinas Telco Federal Credit Union, and that the debit was unauthorized.

I further depose and say that: (check one)

\_\_\_\_\_ I did not authorize, and have never authorized, in writing \_\_\_\_\_ to originate one or more drafts to debit funds from any account at Carolinas Telco Federal Credit Union.

\_\_\_\_\_ I authorized \_\_\_\_\_ to originate one or more drafts to debit funds from my account at Carolinas Telco Federal Credit Union, but on \_\_\_\_\_, 20 \_\_\_\_, I revoke that authorization by notifying \_\_\_\_\_ in the manner specified in the authorization.

\_\_\_\_\_ I authorized \_\_\_\_\_ to originate one or more drafts to be debit funds from my account at Carolinas Telco Federal Credit Union, but: (check one)

\_\_\_\_\_ the amount debited exceeds the amount I authorized to be debited.  
The amount I authorized is \$ \_\_\_\_\_.

\_\_\_\_\_ the debit was made to my account on a date earlier than the date on which I authorized the debit to occur. I authorized the draft to be made to my account on or no earlier than \_\_\_\_\_, 20\_\_\_\_.

**Send completed form to The Fraud Officer – Denise O’Neal**

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**BY SIGNING BELOW, I further depose and say that:**

- I did not receive any benefit or value from the proceeds of the check(s) listed above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).
- I will cooperate in any investigations, promptly disclose any information requested by the Credit Union, and if necessary, cooperate fully with any prosecution.
- I will testify in any hearing, proceeding, or action to the truth of these statements in any case which may result from this affidavit.
- All of the information I have provided in this document is true.
- If this is a business account, I have the authority to provide and execute this affidavit on behalf of the business entity.

Claimant's Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Claimant's Title or Affiliation (if a business account): \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed, sworn to (or affirmed), and acknowledge before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person who appeared before me. The person is personally known to me or has produced \_\_\_\_\_ as identification.

Signature of Notary Public: \_\_\_\_\_

Print or Type Notary's Name: \_\_\_\_\_, Notary Public

My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_ (Official Seal)

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**Identification of the credit union associate receiving this form from the claimant:**

Print Associate Name: \_\_\_\_\_

Department or Branch Name / Branch # \_\_\_\_\_ / \_\_\_\_\_

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