



70 Westview Street  
 Lexington, MA 02421  
 617-253-2845  
 www.mitfcu.org

## AFFIDAVIT OF FRAUDULENT WIRE TRANSFER SERVICES

This form should be used for all unauthorized wire transfer activity. This form must be signed and notarized. If a Police Report is requested by MIT Federal Credit Union, complete the section called Police Report Details.

### MEMBER INFORMATION

I/We make this affidavit for the purpose of establishing the fraudulent use of my/our account. I/We did not give, sell, or trade my/our Online Access code or Telephone Password nor did I/we authorize any individual to withdraw funds for the purpose of sending a Domestic or International Wire. I/We did not give anyone permission to use my/our account. I/We 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/We did not receive any benefit from the unauthorized use of my/our account.

**Member Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date Loss Discovered:** \_\_\_\_\_ **Date Loss Reported to CU:** \_\_\_\_\_

**Date of First Fraudulent Transaction:** \_\_\_\_\_ **Total Loss Reported: \$** \_\_\_\_\_

### LIST UNAUTHORIZED TRANSACTIONS BELOW:

DATE POSTED	RECIPIENT NAME/ MEMBER #	AMOUNT	DATE POSTED	RECIPIENT NAME/ MEMBER #	AMOUNT
		\$			\$
		\$			\$

Name of Unauthorized User (if known): \_\_\_\_\_

Address of Unauthorized User (if known): \_\_\_\_\_

### POLICE REPORT DETAILS

If requested by MIT FCU – Police Department Contacted: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### SIGNATURES:

*I/We give my/our consent to the credit union to release any information regarding my/our 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/we understand I/we may be required to comply with a court order or subpoena to give testimony. I/We swear this affidavit 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:** \_\_\_\_\_ **Legal Owner Signature:** \_\_\_\_\_

State of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_



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**ATTACHMENT A**                      **Member Name:** \_\_\_\_\_ **Member No.:** \_\_\_\_\_

**Regarding Loss of \$** \_\_\_\_\_

Briefly describe how the loss occurred:

\_\_\_\_\_  
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\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**