



Operations Center
70 Westview Street Lexington, MA 02421
617-253-2845 | mitfcu.org

Affidavit 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:

Signature

Date