Statement of Unauthorized Electronic Fund Transfer

NASHVILLE POST OFFICE CREDIT UNION
P.O. Box 291233
Nashville, TN 37229
PH: 615-871-4221
www.npocu.org

Owner Information (As Applicable and as Required by the Credit Union) 1

Name	Owner Number	Account Number (if applicable)	Home Phone	Work Phone

Unauthorized Electronic Fund Transfer Information 2

To identify how you (the owner) became aware of the Unauthorized Electronic Fund Transfer(s) (EFT(s)), check the boxes and provide the date(s) for **1.** & **2.** (as applicable), answer questions **3.** & **4.** if applicable, and complete the information about the Unauthorized EFT(s) in **5.**

1. ☐ I discovered the Unauthorized EFT(s) after my Debit Card, ATM Card or PIN was lost or stolen on: _____
Date Debit/ATM Card or PIN **was Lost or Stolen**

2. ☐ I discovered the Unauthorized EFT(s) on my statement, online service or by talking to a credit union employee on: _____
Date Discovered

3. Have you ever given your card or PIN to another person to use? ☐ Yes ☐ No If yes, please explain:

4. Do you have any idea who may have performed the Unauthorized EFT(s)? ☐ Yes ☐ No If yes, please explain:

5. Please list and provide the date, amount and location of each Unauthorized EFT.

Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description

Transaction Date	Transaction Amount	Merchant Name, ATM Location or Other Description

Additional Facts, Information or Comments about the Unauthorized EFT(s) (Optional) 3

Certification & Promises by the Owner 4

Certification: I certify under penalties of perjury that I have read this statement in its entirety and attest that all information provided and all certifications made in this Statement are true and correct. I have reviewed my periodic statement, account or internet service and have discovered the Unauthorized Electronic Fund Transfer(s) (EFT(s)) identified in this statement. I attest that the EFT(s) was/were not performed by me or anyone that I authorized and that I did not receive any personal benefit from the EFT(s). I agree that your credit union and anyone else to whom this Statement is provided may rely on the information and certifications contained in it. I understand that any intentional attempt to obtain money from a financial institution by misrepresenting whether a transaction was authorized may result in the imposition of fines up to $1,000,000, or imprisonment up to 30 years, or both under the provisions of Federal law (18 U.S.C. §1344).

Promise to Indemnify, Defend and Hold Harmless: I agree to indemnify, defend, and hold harmless your credit union and any other person who relies on this Statement from all claims, damages, losses and costs (including attorney fees) because of actions taken in reliance on the information provided or the certifications and promises made in this Statement.

Information, Release of Information and Cooperation: I agree to provide you with additional information concerning the unauthorized EFT(s) on your request. I consent to the release of any information in this Statement to any person who has a business or law enforcement interest in the unauthorized EFT(s).

Owner Signature _____ Owner Signature _____

Acknowledgement by Notary Public (Required at the Election of the Credit Union)

State of _____ in the county of _____. Notary _____

This Agreement was signed before me on _____ Commission Expires _____

by _____.
Name(s) of Owner(s)

Notary Seal 5

OFFICE USE ONLY

Employee Name _____ ID Number _____ Statement Date _____ ☐ Reviewed CLEAR 6