

Affidavit of Unauthorized Transaction

Date: [Date]

To:

[Financial Institution Name]

[Fraud Department Address]

[City, State, Zip Code]

Subject: Formal Affidavit regarding Unauthorized Account Activity

I, [Your Full Name], being duly sworn, hereby depose and state as follows:

1. Account Information:

Account Holder Name: [Your Name]

Account Number (last 4 digits): [XXXX]

Card Number (if applicable): [XXXX-XXXX-XXXX-XXXX]

2. Declaration of Unauthorized Activity:

I am reporting the following transaction(s) which I did not authorize, nor did I receive any benefit from:

- [Date] - [Merchant Name] - \$[Amount]
- [Date] - [Merchant Name] - \$[Amount]
- [Date] - [Merchant Name] - \$[Amount]

3. Statement of Fact:

I further state that:

- I did not authorize anyone else to use my account or card for these transactions.
- My card/credentials were [stolen / lost / in my possession] at the time of the transactions.
- I have no knowledge of the person(s) who initiated these charges.

4. Cooperation:

I agree to cooperate with any investigation and will testify to the truth of these statements if necessary. I declare under penalty of perjury that the information provided is true and correct.

Signature of Account Holder

Notary Acknowledgement:

State of _____
County of _____

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public Signature

(Seal)