

## UNAUTHORIZED CHARGE AFFIDAVIT

Date: [Current Date]

To: [Financial Institution Name]

Fraud Department

[Institution Address]

[City, State, Zip Code]

### **Re: Formal Dispute of Unauthorized Transaction(s)**

Account Holder Name: [Your Full Name]

Account Number: [Your Account Number]

Card Number (if applicable): [Last 4 Digits of Card]

To Whom It May Concern,

I am writing to formally notify [Financial Institution Name] that I have identified unauthorized charges on my account. I did not authorize, nor did I participate in, the transaction(s) listed below. Furthermore, I did not receive any goods or services in exchange for these charges.

### **Details of Disputed Transaction(s):**

- Date of Transaction: [Date] | Merchant: [Merchant Name] | Amount: \$[Amount]
- Date of Transaction: [Date] | Merchant: [Merchant Name] | Amount: \$[Amount]
- Date of Transaction: [Date] | Merchant: [Merchant Name] | Amount: \$[Amount]

### **Affidavit Statement:**

I, [Your Full Name], declare under penalty of perjury that:

- I did not authorize the transactions listed above.
- My account information was used without my knowledge or consent.
- I have not received any benefit from these transactions.
- (Check one):  My card is still in my possession /  My card was lost or stolen on [Date].

I request that you investigate these charges, credit my account for the full amount, and provide me with a new account number or card to prevent further fraudulent activity.

Sincerely,

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[Your Signature]

[Your Printed Name]  
[Your Phone Number]  
[Your Email Address]

**Notary Acknowledgement (if required by institution):**

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

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