



Affidavit of Unauthorized EFT Activity

Name:		Telephone Number:	
Home Address:	City:	State:	ZIP:
Account Number:		Card Number:	

Use of Form: This form should be used whenever the transaction involved an ATM or Debit Card, or an electronic deposit was not properly credited to a consumer's account. As soon as an error is reported, forward all documentation to the Bank Operations Department.

This form must be completed in its entirety.

SECTION 1: Complete for All Errors Involving an ATM Or Debit Card

I have examined my statement or other notification (attached to this form) from **First Independent Bank** (the "Bank") indicating the following transaction(s) was in error or unauthorized.

Date*	Time*	Amount	Merchant/Location	Type
				<input type="checkbox"/> POS <input type="checkbox"/> ATM
				<input type="checkbox"/> POS <input type="checkbox"/> ATM
				<input type="checkbox"/> POS <input type="checkbox"/> ATM
				<input type="checkbox"/> POS <input type="checkbox"/> ATM
				<input type="checkbox"/> POS <input type="checkbox"/> ATM
Total amount of claim:				

*Document the date and time of the transaction, not the posting date.
 Refer to Additional Claims for Affidavit of Unauthorized EFT Activity for more claims.

Please give a brief description of the error. Include details of how and when the error was discovered.

Was the card:	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> in your possession
Was the PIN:	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> not compromised
**If Lost/Stolen, were the card and PIN kept together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone had access to the card and/or PIN other than the actual card holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who:
When was the card used last?	
Where was the card used last?	
Was a police report filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
**If yes, date: _____ report number: _____ Police department: _____	

