

## Affidavit of Account Fraud– Instructions

The *Affidavit of Account Fraud* form is used to make a legal claim about the wrongful access of an account through online banking, telephone banking or another form of electronic access. In addition, this form can be used for claims regarding wire transfers. This form is not for check, ACH, or card fraud. It is imperative that you complete this form in its entirety to assist Northwest Federal Credit Union in our investigation.

### The *Affidavit of Account Fraud* form must be signed as follows:

- If this claim is for an unauthorized access to a joint account, the account owner and/or joint owner must sign.

### How to complete the Affidavit:

- **Claimant's Name:** Enter your name or business name.
- **Account Number:** Enter your full account number on which the unauthorized action occurred.
- **Date:** Enter today's date.
- **Type of Fraud:** Check the box that applies to the item(s) listed on the form.
- **Amount:** Enter the amount transferred or withdrawn from the account.
- **Declarations:** Read the declarations listed. The *Affidavit of Account Fraud* is a legal document. The completed form can be used in court as evidence. You may be required to testify or certify in court to the truth of all statements contained in the *Affidavit of Account Fraud*.
- **Sign Form:** Sign your name in the space provided, indicating your day time phone number and the date.

### Signatures:

- **All signatures must be notarized.**

### How to complete the Letter of Circumstance:

- **Circumstances:** Describe any circumstances that may have contributed to the unauthorized action of the electronic services and accounts described on the form.
- **Suspect Information:** If you suspect someone of accessing your account, you must write his or her name and address in the space provided if known.
- **Police Report:** Indicate whether a police report was filed. If so, write the name of the agency and the detective's name and phone number, including the area code, in the space provided, and attach a copy of the police report to the *Affidavit of Account Fraud*.
- **Account Closure:** Indicate when the affected account was closed.

### After completing the *Affidavit of Fraud*, please forward the original documentation to:

Northwest Federal Credit Union  
Attn: Fraud Mitigation Department  
200 Spring Street  
Herndon, VA 20170-5209

If you have any questions regarding this matter, feel free to contact us at 703-709-8901 or toll-free 1-866-709-8901.

Thank you for your membership with Northwest Federal Credit Union. We appreciate your membership and look forward to being your lifetime partner for financial services.



## Affidavit of Account Fraud

CLAIMANT'S NAME (LAST, FIRST, MI) OR BUSINESS NAME	ACCOUNT NUMBER	DATE
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2.) I did not receive any part of the proceeds of the item(s) listed above nor did I authorize anyone else to access the accounts using the electronic services on my behalf. This affidavit is made voluntarily for the purpose of establishing the fact that I did not authorize the item(s) identified above.

3.) I/We declare the following:

I/We understand this *Affidavit of Account Fraud* is subject to investigation by local, state, and/or federal law enforcement agencies. I/We understand that the account records related to this claim may be given to law enforcement as evidence for the investigation. I/We also understand that I/We may be required to comply with a court order or a subpoena to give testimony.

I/We understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment. Specifically, I/we understand that under federal law (18.U.S.C.1344), it is a crime to knowingly defraud or attempt to defraud a federal credit union and may be punishable by a fine up to \$1,000,000 and/or by imprisonment up to 30 years.

I understand and agree that Northwest Federal Credit Union has no obligation to reimburse for any losses resulting from this alleged *Affidavit of Account Fraud* unless I/we cooperate fully in any investigation and/or prosecution of this alleged *Affidavit of Account Fraud*, including, but not limited to filing a complete report with the appropriate law enforcement officials, participating in any investigation by law enforcement, and attending and participating as a witness in any legal proceeding.

4.) I suspect the following person of having performed an unauthorized action on the fraudulent item(s) described on the attached Affidavit of Account Fraud:

NAME	ADDRESS	
CITY	STATE	ZIP

Are you willing to prosecute?     Yes     No

5.) I declare under penalty of perjury that the foregoing is correct.

CLAIMANT'S SIGNATURE:	PHONE NUMBER:	DATE:
PRINT CLAIMANT'S NAME:	ADDRESS:	EMAIL ADDRESS*:

\*Include email address if we may contact you via email regarding this claim.

To be completed by a Notary Public for Claimant.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_