

PLEASE DO NOT STAPLE

01/26/2018

AFFIDAVIT OF FRAUD AND FORGERY



0031201802500253001

TYPE OF CARD: MasterCard NO.: 5369195000332272

ISSUER: KINECTA FEDERAL CREDIT UNION

I, JESSE A JOHNSON residing at 6639 RADLOCK AVE, LOS ANGELES in the county of Los Angeles, state of CA, herein declare that:

At the time of the fraudulent transactions, my Credit/Debit/ATM Card, described above, was:

- ☐ Lost/Stolen;
☐ Never received in the mail;
☒ Card(s) still in possession--account number used;
☐ Never applied for card;

- I complete this Affidavit of Fraud and Forgery for the purpose of reporting the fraudulent use of my Credit/Debit/ATM card(s).
- I did not give, sell, or trade my card(s) to anyone nor did I give anyone permission to use my card(s).
- I did not write the pin number on my card(s) nor was it included with any documentation lost/stolen/or available for viewing with my card(s).
- I have no knowledge that my spouse or minor child(ren) made any transaction(s) on or after the date of the first fraudulent transaction indicated below.
- I did not receive any benefit from the unauthorized use of my Credit/Debit/ATM card(s).
- I did not use my card nor authorize the use of my card by anyone else after I discovered the unauthorized use of my card .

I further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency.

I have examined the following list of transaction(s) and have identified them as not made by me or by anyone acting upon my authority or with my consent or knowledge :

Transactions


Date	Amount	Merchant Information
01/20/2018	49.02	REDBOX *DVD RENTAL

If there are any additional fraudulent transaction(s) which have not been identified above, I have added them to the comment section of this affidavit or attached additional pages as needed.

- ☒ I have no knowledge of the identity or whereabouts of the person(s) using the Credit/Debit/ATM Card.
- ☐ I can identify the suspect as: Name: _____, Address: _____
City/State: _____, Phone: _____, and Social Security Number: _____.
- ☐ If law enforcement was notified, a report was filed with the following law enforcement agency: _____,
Location: _____ Name of contact spoken with: _____, Phone: _____,
Case/ID Number _____.

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Primary cardholder's signature:  Date: 2/3/18

Secondary cardholder's signature: _____ Date: _____

Home Phone: 310-621-3801 Business Phone: _____

E-Mail Address: xjssej@hotmail.com

This Affidavit, being signed under penalty of perjury, does not require notarization.

Comments: _____
