



Affidavit of Unauthorized Use

INSTRUCTIONS: Complete all applicable fields for the transactions in Europe you're disputing. If you need more space, please use a separate sheet. Be sure to sign and date the bottom of this form or we will need to return the form to you for signature.

Customer Information

Full Name: _____

Address: _____

Primary Phone Number: _____

Card Number: _____

Transaction Information

By completing this form, I certify that I didn't use or authorize the use of my card to make the transactions listed below and:

- 1. At the time the purchases were made, the card (check one) was wasn't in my possession.
- 2. If not in your possession, the card was (check one) lost stolen at the time of the transactions.
- 3. Because of unauthorized use on my card, I (check one) have have not requested a new card.

Description/Reason for Dispute

Transaction Date	Merchant Name	Transaction Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, nor any person authorized by me, received any cash or service from these transactions or benefited directly or indirectly. I realize the information provided here must be the truth to the best of my knowledge or I may be subject to civil liability and criminal penalties. I'm willing to testify in court to the facts sworn in this statement.

Cardholder Signature: _____ Date: _____

Guardian Signature (When Applicable): _____ Date: _____

Return the form and any supporting documentation as soon as possible by fax to 724-779-2479.

Please note that this form and any supporting documentation must be returned in a timely manner to avoid having any provisional credit that may have been applied to your account revoked.