

It is important that you accurately complete all sections of the form, as appropriate. Incomplete information may delay the investigation of your claim.

**1. Issuance of Access Device**

I, \_\_\_\_\_ was issued and accepted an F&M Bank ATM or MasterMoney Debit Card.  
ATM/MasterMoney Debit Card number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**2. Method of Discovery**

I realized that my card was lost by me on or about \_\_\_\_\_

I realized that my card was stolen from me on or about \_\_\_\_\_

I received my monthly statement on \_\_\_\_\_ and noted unauthorized transaction(s) on it.  
The card number above was in my possession at all times when the unauthorized transaction(s) occurred.

I inquired regarding my accounts by telephone or online on \_\_\_\_\_ and noted unauthorized transaction(s) on it.  
The card number above was in my possession at all times when the unauthorized transaction(s) occurred.

I received an overdraft notice that caused me to discover the unauthorized transaction(s) on \_\_\_\_\_  
The card number above was in my possession at all times when the unauthorized transaction(s) occurred.

I was notified by the fraud department on \_\_\_\_\_ . Is the card in your possession:    Yes    No?

Other (please explain and include date of discovery): \_\_\_\_\_

**3. Initial Notice to the Bank**

Date I initially notified Farmers & Merchants Bank of the unauthorized transaction(s): \_\_\_\_\_

**4. Unauthorized Use**

The unauthorized transaction(s) listed below was/were not made by me, or made by any person known to me whom I have made available my card and the Personal Identification Number (PIN):

Transaction Date	Amount	Transaction Type	Merchant Name
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The following person(s) had access to my residence during the date(s) of the unauthorized transaction(s) occurred:

Name	Age	Relationship
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**My Contact Information**

Street address:

City:

State:

Zip:

Home Phone number :

Work number:

Cell Phone number:

Other:

eMail Address:

Best Way to Contact:

**Acknowledgements.**

I have neither received nor benefited from the proceeds of the unauthorized transaction(s) nor, to the best of my knowledge have any of the persons list above received or benefited from these unauthorized transaction(s).

I will cooperate in the prosecution and testify against the person(s) who are found responsible for the unauthorized transaction(s).

This Affidavit of Unauthorized Transaction(s) is made for submission to the Farmers & Merchants Bank for use as part of its investigation of my claim that my card should not have been debited for the unauthorized transaction(s) listed above. I hereby authorize Farmers and Merchants Bank, investigators and law enforcement officials to investigate all circumstances concerning the unauthorized transaction(s).

I am aware that improperly obtaining funds from Farmers & Merchants Bank by fraudulent use of an ATM or MasterMoney Debit Card may constitute a federal criminal offense punishable by imprisonment and/or fine, and that any false statements made in this Affidavit of Unauthorized Transaction(s) or to any Farmers & Merchants Bank investigator may constitute evidence of such a crime. I certify under penalty of perjury that all of the statements I have made in this affidavit are true and correct.

***Signature(s) (Required)***

Executed at \_\_\_\_\_, California on \_\_\_\_\_.

Signature: **X** \_\_\_\_\_

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

Signature: **X** \_\_\_\_\_

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

Signature: **X** \_\_\_\_\_

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