



SHARED BRANCH FRAUD AFFIDAVIT

AppleFCU.org

P.O. Box 1200, Fairfax, VA 22038 703-788-4800

| | | | | |
|----------------------|--|-------|----------|------------------|
| Name: First | MI | Last | Suffix | Member No. |
| Address: Street | City | State | Zip Code | Home Phone No. |
| Date Loss Discovered | Date and Time Fraud Reported to Financial Institution. | | | Mobile Phone No. |

SHARED BRANCH INFORMATION *Please provide the below information for the shared branch transaction(s) in question below*

| | | |
|----------------------------|--------|-------------------|
| Credit Union Name/Location | Amount | Date (MM/DD/YYYY) |
| Credit Union Name/Location | Amount | Date (MM/DD/YYYY) |
| Credit Union Name/Location | Amount | Date (MM/DD/YYYY) |

Please provide a statement describing the reason you are disputing the transaction(s) mentioned above

SIGNATURE

I have completed this Shared Branch Affidavit affirming that these funds were not withdrawn by me nor anyone known to me. I swear, under penalty of law, that this Share Branch Affidavit is true to the best of my knowledge and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

| | |
|-------------------------|-------------------|
| Member's Signature ▶ | Date (MM/DD/YYYY) |
|-------------------------|-------------------|