

CARDHOLDER AFFIRMATION FORM

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public, on this day personally appeared \_\_\_\_\_ of \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

who, having been by me duty sworn, on this oath did depose and say:

That (he) (she) is the same Name \_\_\_\_\_

to whom \_\_\_\_\_ Visa ATM/Debit Act# \_\_\_\_\_

\_\_\_\_\_ Visa Act# \_\_\_\_\_

\_\_\_\_\_ MasterCard Act# \_\_\_\_\_

was issued by Chicago Municipal Employees Credit Union, and, THAT the above mentioned was \_\_\_ Lost \_\_\_ Stolen \_\_\_ never received under the following circumstances. (Describe as completely as possible.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That no one has been given the authority to use the above mentioned card(s). That no one was given my Personal Identification Number (PIN), if applicable, with the exception of \_\_\_\_\_, whose relation to me is \_\_\_\_\_.

In the event (he) (she) is required to do so, affiant states that (he) (she) will appear as a witness in court to testify as to the facts stated above.

Primary Cardholder: \_\_\_\_\_

Secondary Cardholder: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_ County: \_\_\_\_\_