



MetaPayment Fraud Affidavit

Revised 01-08-2008

(Card Program)
Attn: Dispute/Fraud Department
P.O. Box 71402
Salt Lake City, Utah 84171
Phone: (866-335-4784)
Fax: 801-298-6404

State of _____ County of _____

I, _____, residing at _____

Being duly sworn, say that my card was: (check one)

- _____ LOST
_____ STOLEN
_____ NOT RECEIVED
_____ CARD IN POSSESSION
_____ OTHER (Please explain)

Account Number: <LostAcctNumb>

I/we have included a listing of all fraudulent transactions and/or a statement copy, with the disputed transactions circled. In addition, any transactions billed on or after <DateCCLost> are unauthorized. Neither I, nor anyone authorized to use my account made these transactions or received benefit from them.

I/we further agree that any information relating to the unauthorized use of the account may be provided to an investigative or prosecutorial agency. In addition, I/we will cooperate with parties involved in any investigation. I/we agree to assist in the prosecution of those found responsible.

I/we declare under penalty of perjury that the foregoing is true and correct. I/we understand that a false claim of fraud is a crime that I/we can be prosecuted for.

Primary cardholder signature: _____

Secondary cardholder signature: _____

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public signature: _____

Comments: _____

All fields are required; omission of any field or information can cause a delay in processing the dispute and in turn could make the cardholder liable for the charge(s) according to your terms and conditions.