



P.O. Box 182084 Columbus, OH 43218  
 Bread Savings Customer Care: 833-755-4354  
 Savings.Breadfinancial.com

## Instructions for Completing an Affidavit for Fraud

Each disputed transaction must meet the following criteria in order to be processed:

1. The accountholder must notify Bread Savings and complete this form within **60 Calendar Days** of the statement date on the statement the unauthorized transaction first appeared.
2. One form may be used for multiple transactions.
3. All sections must be completed.
4. The form must be notarized.

For questions about filling out this form, please contact Bread Savings at:

**(833) 755-4354, Monday – Friday, 8am – 4:00 CT**

Please submit the [Affidavit for Fraud](#) by one of the following methods:

Secure Message	Login to your online banking and select “Messages” from your menu or Dashboard then select to “Start a Conversation” → select the ⊕ icon next to “Type your message...” → select “Files” → select the completed form → type and title your message: <b>Affidavit for Fraud</b> → select “Send”	
Fax	801-542- 9056	
Mail	Bread Savings Attn: Bread Savings Management P.O. Box 182084 Columbus, OH 43218	For Overnight Delivery Bread Savings Attn: Bread Savings Operations 3095 Loyalty Circle Columbus, OH 43219

## Affidavit for Fraud

1. I am first duly sworn and state I am:

Name \_\_\_\_\_ Account \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number Home \_\_\_\_\_ Work \_\_\_\_\_  
Email Address \_\_\_\_\_

2. The fraudulent instrument(s) is/are a: (check all that apply)

- Check
- Wire
- ACH
- Application/Account
- Other (please describe) \_\_\_\_\_

3. Transaction Details:

<u>Date</u>	<u>Description</u>	<u>Amount</u>

(If more space is required, use a separate sheet)

- 4. I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that fraud occurred on my account.
- 5. Do you know who committed the fraud?  Yes  No  
If yes, provide details on a separate sheet.
- 6. I understand this fraud is subject to investigation by local, state, and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.
- 7. I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person who signed on the preceding or attached document in my presence.

[SEAL]

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

### FOR BREAD SAVINGS OPERATIONS USE ONLY

Received By: \_\_\_\_\_ Received Date: \_\_\_\_\_