



P.O. Box 3900, Springfield MO 65808  
 Comenity Direct Customer Care: 833-755-4354  
 direct.comenity.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 Comenity Direct 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 Comenity Direct at:

**(833) 755-4354, Monday – Friday, 8am – 5:00 CT**

Please submit the Affidavit for Fraud by one of the following methods:

Secure Message	Log in to your Online Banking from the Dashboard, Select envelope icon (top right)> Select Start a conversation > Type and Title your message: Affidavit for Fraud > Select paperclip icon (left of "Type your message") > Select the completed Form, then send	
Fax	801-542- 9056	
Mail	Comenity Direct Attn: Comenity Direct Management P.O. Box 3900 Springfield MO 65808	For Overnight Delivery Comenity Direct Attn: Comenity Direct Operations 2131 E. Primrose Springfield, MO 65804

# 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 COMENITY DIRECT OPERATIONS USE ONLY

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