



Name:		Telephone Number:	
Home Address:	City:	State:	ZIP:
Account Number:	Card Number:		

Use of Form: This form should be used whenever the transaction involved an ATM or Debit Card, or an electronic deposit was not properly credited to a consumer's account. As soon as an error is reported, forward all documentation to the Bank Operations Department.

This form must be completed in its entirety.

SECTION 1: Complete for All Errors Involving an ATM Or Debit Card

I have examined my statement or other notification (attached to this form) from First Independent Bank (the "Bank") indicating the following transaction(s) was in error or unauthorized.

Date*	Time*	Amount	Merchant/Location	Type	Claim Reason	
				<input type="checkbox"/> POS <input type="checkbox"/> ATM	<input type="checkbox"/> Dispute <input type="checkbox"/> Unauthorized	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Auth Revoked
				<input type="checkbox"/> POS <input type="checkbox"/> ATM	<input type="checkbox"/> Dispute <input type="checkbox"/> Unauthorized	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Auth Revoked
				<input type="checkbox"/> POS <input type="checkbox"/> ATM	<input type="checkbox"/> Dispute <input type="checkbox"/> Unauthorized	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Auth Revoked
				<input type="checkbox"/> POS <input type="checkbox"/> ATM	<input type="checkbox"/> Dispute <input type="checkbox"/> Unauthorized	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Auth Revoked
				<input type="checkbox"/> POS <input type="checkbox"/> ATM	<input type="checkbox"/> Dispute <input type="checkbox"/> Unauthorized	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Auth Revoked
Total amount of claim:						

*Document the date and time of the transaction, not the posting date. For more claims complete the Additional Claims for Affidavit of Unauthorized EFT Activity form.

Please give a brief description of the error. Include details of how and when the error was discovered.

Was the card:	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> in your possession
Was the PIN:	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> not compromised
If Lost/Stolen, were the card and PIN kept together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone had access to the card and/or PIN other than the actual card holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who:
When was the card used last?	
Where was the card used last?	
Was a police report filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
**If yes, date: _____ report number: _____ Police department: _____	

SECTION 2: Complete When Cash Was Not Properly Dispensed From An ATM

Machine location:	
Amount requested:	
Amount received:	
Difference:	

SECTION 3: Complete When A Deposit Was Not Properly Credited To An Account

Correct total amount of deposit:	
Amount of cash:	
Amount of checks:	
Amount credited:	
Difference:	

Additional information and other comments:

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Section 4: Authorization And Acknowledgment Of Affidavit

The debit transaction described above was not originated with fraudulent intent by me or any person acting in concert with me, and the signature below is my own proper signature. I agree to at all times defend, indemnify and hold harmless **First Independent Bank** ("the Bank"), its agents, employees, directors, successors and assigns, from and against any and all claims, actions, damages, liabilities, losses, and costs, including reasonable attorneys' fees and expenses, sustained or incurred by reason of the Bank's reliance on the statements contained in this Affidavit.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

By: _____ Signed: _____ Date _____
 Printed Name Signature

Branch/Department Use Only

Accepting Employee Signature: _____ Date Affidavit Received: _____

Employee Name Printed: _____

Branch/Department Accepting Form: _____

Form Completed: In Person Mail

Date sent to BOCSS: _____

BOCSS Use Only

Date entered on Reg E Error Resolution Log: _____ Provisional Credit: Yes No Date: _____

Provisional Credit Amount: _____ Account Credited: _____ Date Letter Sent: _____

Provisional Credit Completed By: _____ Final Resolution Completed By: _____

Final Resolution of Claim: Approved Declined Reason: _____

_____ Date Letter Sent: _____