



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: Affidavit for Fraud → 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: _____