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**Bloomdale Police Department**

**206 Vine St.**

**Bloomdale, Ohio 44817**

 **Chief of Police Mayor**

 **Robert L. Fitzgerald III Steven Schafer**

# Credit/Debit Card Abuse Form

**Form must be completed by Cardholder**

**Bloomdale Police Dept Case #:**

**(BPD case number required prior to submitting)**

**Submitted For : (Name on card used)**

## Race Sex Date of Birth

**Home Address: Home Phone: Business Address: Business Phone:**

**Cell Phone: Form filled out by: Position:**

|  |  |
| --- | --- |
| **NOTE:** | **\*Questions 1 through 4 must be answered.** |
|  | **\*Only credit card charges made in Bloomdalewill be accepted.** |
|  | **\*If additional space is needed, use the back of the form and identify by number.** |
|  | **\*A full statement for the prior 90 days must be submitted with form. Do not edit/alter the statement or black out any information.** |

1. Name as it appears on card:

Card Issuer (Bank, Credit Union): Card Number: Type(Visa, MC, Amex): Name of additional authorized signers or joint persons: Names of anyone who has had possession of your card:

1. Date and Location card was lost or stolen

Have you already made a Credit/ Debit card abuse report? if yes case number and jurisdiction:

1. Has the account holder declared there are unauthorized charges? YES ( ) NO ( ) Have the charges to your card been reimbursed by your bank? YES ( ) NO ( ) Have you been told by your bank the charges will be reimbursed? YES ( ) NO ( ) Were you in possession of your card when charges were made? YES ( ) NO ( ) Was a PIN used? YES ( ) NO ( )

How did suspect know the PIN? .

1. Where was the credit card used fraudulently?

Name of Business Date:

Amount:

Address: Person who accepted charges:

Name of Business Date: Amount:

Address: Person who accepted charges:

Name of Business Date: Amount:

Address: Person who accepted charges:

Name of Business Date: Amount:

Address: Person who accepted charges:

1. Other Witnesses:

Name: Phone: (Home) (Cell) Name: Phone: (Home) (Cell) Name: Phone: (Home) (Cell)

1. Do you know the suspect who is using your card fraudulently? ( ) YES ( ) No

How do you know the suspect? Where can the suspect be found? Name/Description of suspect:

Race Sex Age Hgt Wt Hair Color Was a photo or video taken: YES ( ) NO ( )

If video is available, name of person you spoke with and phone number:

## Attach account statements for each account used (prior 90 days, unedited and nothing blacked out). Legible Copies of account statements and any supporting documentation are required.

**Please provide a copy of any reports made outside of the city of Bloomdale associated with this case.**

KEEP COPIES OF EVERYTHING FOR YOUR RECORDS

Bring to:

## Bloomdale Police Department 206 Vine St.

## Bloomdale, Ohio 44817

**CARDHOLDER AFFIDAVIT**

My name is . My date of birth is .

I live at . BPD Case # .

This affidavit is made voluntarily for the purpose of establishing that I did not use, nor did I authorize anyone else to use my debit/credit card in the name of ,

CIRCLE ONE NAME AS IT APPEARS ON CARD

numbered , from bank,

CARD NUMBER BANK ISSUING CARD

on the date(s) of for the purchase of merchandise.

DATES USED OR WRITE BELOW FOR MULTIPLE DATES

I have not received any of the proceeds nor derived any benefit from the said fraudulent charge(s). If multiple cards were used, list the required information below.

In your own words, tell us what happened. Please give specific dates, times and locations.

I HAVE READ THE ABOVE STATEMENT AND IT IS TRUE AND CORRECT. I WILL APPEAR IN COURT TO TESTIFY AS A WITNESS IF I AM NEEDED.

## Signature

**Sworn to and subscribed before me this day of , A.D., 20 . SEAL**

**Notary Public**

**(Statement Information Supplement must be included with this statement)**

Bloomdale Police Department

Statement Information Supplement

**Note: *This information is strictly confidential and only for Police and Prosecutors official records.***

**Name: (Last, First, Middle)**

**Home Address:** (number, street, city, zip)

**Business Address:** (number, street, city, zip)

## Home Phone:

**Work Phone:**

**Cell Phone:**

**Race:**

**SEX:**

**AGE:**

**DOB:**

**Married YES:**

**NO:**

**Name of Spouse:**

**Drivers License #** (state & number)

***NEAREST RELATIVE OTHER THAN SPOUSE:***

**Name: Phone:**

**Address: City: State:**

**Place of Employment: Phone:**