

AMTRUST DIRECT

UNAUTHORIZED TRANSACTION AFFIDAVIT

(Written Statement Under Penalty of Perjury)

I, _____ [consumer name] depose and say that I have examined my online activity or other notification from New York Community Bank, ("Bank") indicating that a debit entry was charged to my account _____ [account number] on _____ [posting date] in the amount of _____ [amount] and that, the entry was unauthorized or fraudulent.

I understand that an unauthorized debit means an electronic fund transfer from a consumer's account initiated by a person/company who was not authorized by the consumer using a writing that purported to be either signed or similarly authenticated by the consumer or a purported oral authorization from the consumer to initiate the transfer.

I hereby consent to the Bank sharing this Affidavit and other information about this disputed transaction and my account, including my account number, with law enforcement agencies, and other financial institutions involved in the disputed transaction described in this form. I understand that this Affidavit and the Bank's investigation do not, in any way, guarantee an adjustment to my account.

Include how and when you learned of the disputed transaction. Provide as many details as possible and use additional sheet of paper (stapled to this Affidavit) if more space is needed.

I understand that the Bank will investigate my complaint and correct any error promptly. My account will be provisionally credited if the Bank is unable to complete the investigation and correct any error within ten (10) business days, subject to adjustment if you are a new customer and if justified by the Bank's findings.

I certify under penalty of perjury that the forgoing is true and correct. I further depose and say that the debit transaction was not originated by me or any person acting in concert with me, and that the signature below is my own proper signature.

Date: _____ Signature _____

For consumers: Refer to the Electronic Funds Transfer Disclosure for a more complete explanation of your rights and responsibilities.

Sworn to and subscribed before me this _____ day of _____, 20__ at _____

County of _____ State of _____.

Affiant has produced _____ as identification or is otherwise known to me.

Notary Public

My Commission expires: _____

Mail: AmTrust Direct, 1801 East 9th St, Balancing Services OH99-0505, Cleveland, OH 44114 Fax:216.588.4350