

# Declaration of Fraudulent Activity

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Cardholder Name \_\_\_\_\_  
Please complete this form in its entirety

Debit Card # 449406 \_\_\_\_\_ Membership Number: \_\_\_\_\_

I \_\_\_\_\_ the undersigned, being duly sworn under oath, do hereby state and declare as follows:

## 1. I have indicated below and, if necessary on the attached sheet those transactions which are fraudulent:

Authorization Date	Post Date	Amount	Merchant Name

## 2. Please check the statement that applies to your situation:

**My card was:**

- Lost
- Stolen

Date Card was Lost/Stolen: \_\_\_\_\_ Place: \_\_\_\_\_ Police Report Case # \_\_\_\_\_

- My card was in my possession.
- I have reason to believe the following individual(s) utilized my debit card described above or had access to my debit card number and/or PIN number:

Name	Address	Reason

\_\_\_\_\_  
Cardholder Signature  
\* This form must be signed by the cardholder

\_\_\_\_\_  
Date

