Declaration of Fraudulent Activity Granite State Credit Union

PO Box 6420, Manchester, NH 03108 (603) 668-2221 • 800-645-4728 • gscu.org

Cardholder Name	
Please complete this form in its entirety	

Debit Card # 4494	ard # 449406 Membership Number:					449406 Membership Nu		ber:	
Ias follows:		the undersigned, being duly sworn under oath, do hereby state and declare							
1. I have indicated	d below and, if	necessary on	the attached sheet t	hose transactions which a	re fraudulent:				
Authorization Date		Amount		Merchant Name					
	2. Please	check the stat	ement that applies	to your situation:					
My card was: Lost Stole									
			Po	Police Report Case #					
☐ My c☐ I hav	ard was in my pos	session. e the following indiv		card described above or had acce					
Name		Address	Reason						

☐ I have confirmed that all authorized users and joint owners listed on this membership did not make these charges. I understand that I am responsible for all transactions that I authorized. If I permit someone else to use an electronic service, my card or my access code, I am responsible for any transactions they authorize or conduct on any of my memberships. I do not have, nor ever had a business relationship with the above listed merchants. 4. Please give a detailed explanation of the incident below: Member's Initials _____ **OFFICE USE ONLY** MS Initials: _

3. By signing this form you are acknowledging the following: