

# Declaration of Fraudulent Activity

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 # 449406 \_\_\_\_\_ Membership Number: \_\_\_\_\_

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

## 1. I have indicated below 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       In my possession

Date Card was Lost/Stolen: \_\_\_\_\_ Place: \_\_\_\_\_

Police Report Case # \_\_\_\_\_

- 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

