



AFFIDAVIT OF UNAUTHORIZED USE

(Please return this Affidavit *only* if you are reporting unauthorized charges appearing on your statement.)

State of _____ County of _____

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

1. This affidavit concerns Citibank Mastercard/Visa Account Number _____
2. My business address is _____, in the City of _____
and the State of _____, Zip Code _____. Social Security Number _____
Business Phone # (____) _____
3. **I HAVE INDICATED ON MY BILLING STATEMENT(S) THOSE TRANSACTIONS THAT ARE FRAUDULENT AND INCLUDED IT WITH THIS AFFIDAVIT.**
4. Neither I, nor anyone authorized by me, nor anyone with my knowledge or consent received or expect to receive any benefit or value as a result of this transaction(s).
5. My account number was used in an unauthorized fashion. (Please describe) _____

a. Lost/Stolen. Date: _____ Location: _____ If Stolen Police Report Filed? ☐ Yes ☐ No

If Yes: City _____ Precinct _____ Case # _____

b. Never received.

c. All card(s) were in my possession at the time of the fraudulent use.

Other Circumstances: _____

6. I have reason to believe the following individual(s) utilized or had access to my account number without my authorization.

Name(s) _____

Address(es) Street _____ Phone # (____) _____

City _____ State _____ Zip Code _____

Reason: _____

7. The signatures set forth below are the signatures of **ALL AUTHORIZED USERS** on this account (continue additional authorized user signatures on the back):

PRINT NAME

SIGNATURE

8. I understand that Bankcard Security investigates alleged fraudulent or unauthorized credit card usage and may refer the same to the appropriate law enforcement agency. I agree to cooperate in the prosecution of individuals charged with fraudulent or unauthorized credit card usage.

Cardholder Signature

Subscribed to and sworn before me this _____ day of _____.

Month

Year

(Stamp or Seal)

My Commission expires: _____

Notary Public

A FALSE DECLARATION TO A FEDERALLY INSURED FINANCIAL INSTITUTION MAY BE A VIOLATION OF FEDERAL AND/OR STATE LAW.

Fax or mail this document and the billing statement(s), which clearly indicate disputed transactions to Citibank:

Fax: 605-330-6801

Mail: Citibank USA, N.A.

Security Services

P.O. Box 6125

Sioux Falls, SD 57117

Note: Notary services are typically available at local Banks or Government Offices

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