



# Declaration of Unauthorized Use

Please return this declaration **ONLY** if you are reporting unauthorized charges.

State \_\_\_\_\_ Country of \_\_\_\_\_

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

1. This declaration concerns Citibank Mastercard/Visa Account Number \_\_\_\_\_

2. My business address \_\_\_\_\_, in the City of \_\_\_\_\_  
and the State \_\_\_\_\_, Zip Code \_\_\_\_\_. Business Phone #: (\_\_\_\_\_) \_\_\_\_\_

**3. I HAVE INDICATED ON MY BILLING STATEMENT(S) THOSE TRANSACTIONS THAT ARE FRAUDULENT AND INCLUDED IT WITH THIS DECLARATION.**

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 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 card usage.

\_\_\_\_\_  
Cardholder Signature

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 (South Dakota), N.A.,  
Security Services, P.O. Box 6125  
Sioux Falls, SD 57117