

Declaration of Unauthorized Use

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

State	Country of			
l,	the undersigned	the undersigned, being duly sworn and under oath, do hereby state and		
please prii declare as follows:	nt)			
I. This declaration concerns Citiba	ınk Visa Account Number (Last 6 digits on	(y)		
2. My business address		, in the City of		
and the State	, Zip Code	Business Phone #: ()		
3. I HAVE INDICATED ON MY BIL THIS DECLARATION.	LING STATEMENT(S) THOSE TRANSACT	IONS THAT ARE FRAUDULENT AND INCLUDED IT WIT	Ή	
4. Neither I, nor anyone authorize as a result of this transaction(s).	d by me, nor anyone with my knowledge or	consent received or expect to receive any benefit or valu	Je	
5. My account number was used in	n an unauthorized fashion. (Please describ	e.):	_	
a. Lost/Stolen. Date:	Location:	If Stolen, Police Report Filed? ☐ Yes ☐ N	1c	
		Case #:		
b. Never received.				
c. All card(s) were in my possessic	on at the time of the fraudulent use.			
d. Other Circumstances:				
6. I have reason to believe the foll	owing individual(s) utilized or had access t	o my account number without my authorization.		
Name(s):				
Address(es): Street:		Phone #: ()		
City:	State:	Zip Code		
Reason:				
7. The signatures set forth below a signatures on the back):	are the signatures of ALL AUTHORIZED U	SERS on this account (continue additional authorized use	er	
Print N	Name	Signature		
			_	
			_	
		authorized card usage and may refer the same to the n of individuals charged with fraudulent or unauthorized		
		Cardholder Signature	_	
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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:

Treasury and Trade Solutions citi.com/treasuryandtradesolutions

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

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Fax: 605-330-6801