



# LOST OR STOLEN CARD

Date \_\_\_\_\_

Credit Union  
Account # \_\_\_\_\_

Cardholder  
Name \_\_\_\_\_

Phone # \_\_\_\_\_

Debit Card # 5146-17 - - - - -

**Card Lost**

**Card Stolen**

**Amount of  
Last Transaction** \$ \_\_\_\_\_ . \_\_\_\_\_

**Date of  
Last Transaction** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Place of  
Last Transaction** \_\_\_\_\_  
\_\_\_\_\_

**Date Card  
Lost or Stolen** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**If stolen was a  
police report filed?**  **Yes**  **No**

**OFFICE USE**

**AWS**

Received By \_\_\_\_\_ **Date** \_\_\_\_\_

**NICS**

Received By \_\_\_\_\_ **Date** \_\_\_\_\_