

WRITTEN STATEMENT OF UNAUTHORIZED USE OF ACCESS DEVICE

Name: _____

Account Number: _____ Card Number: _____

I, _____ hereby attest that:

I have carefully examined my checking/savings statement(s) for the period(s) _____ and that the following transactions were not made by me or anyone authorized by me.

Transaction Date	Amount	Transaction Type	ATM/POS Location

(Please attach additional transaction information if needed)

Check all applicable boxes:

- I certify that I had possession of the ATM card indicated above at the time the described transaction took place.
- I certify that I gave the ATM card indicated above to _____ on _____, whose address is _____.
- I certify that I had possession of my Personal Identification Number ("PIN") at the time the described transaction took place.

Please complete all requested information.

Was the PIN accessible to the unauthorized user? _____

Was the PIN written on the card? _____

Was the PIN written on anything else? _____

I first learned that the ATM/Debit Card was lost/stolen on _____. The loss/theft was reported to the Commonwealth Business Bank on _____ at its _____.

The circumstances of the loss/theft are as follows:

I suspect the EFT transaction(s) described is an error for the reasons indicated above. By signing below, I agree to accept the results of this investigation and the accountability for the full amount disputed if no error is found.

I DECLARE UNDER PENALTY OF PERJURY, ACCORDING TO THE LAWS OF THE STATE WHERE THIS AFFIDAVIT IS EXECUTED AND THE LAWS OF THE STATE IN WHICH MY ACCOUNT IS MAINTAINED THAT I HAVE READ THE FOREGOING AND THAT THE FOREGOING IS TRUE AND CORRECT.

Date

Signature