

Please Read Before Proceeding

1. This form must be **completed by the person whose name appears on the debit/ATM card.**
2. We cannot process your claim until we have received all of the required information.
3. The Debit/ATM Card Statement of Fraud is to be completed if:
 - Someone used your debit/ATM card or card number to make transactions without your knowledge or permission.
 - You did not give your card number to the merchant or authorize anyone to perform transactions with the merchant.
4. Your card must be closed. Please call us at 800-916-9304 during normal business hours, or 800-554-8969 after hours and on weekends to close your card.

Required Information

Please take the following actions:

1. Complete the Debit/ATM Card Statement of Fraud form.
2. Return the form(s) to Colombo Bank using one of the following methods:

Deliver in person to any Colombo Bank branch location.	Or	Mail to Colombo Bank 1600 East Gude Drive Rockville MD 20850	Or	Fax to 240-268-2279
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You must complete all of the requested information:

*Required Fields

*Account Number	*Your Name	*Debit/ATM Card Number
*Daytime Phone Number		*Email Address
*Date You Discovered the Unauthorized Charge(s)		*Date Charge(s) Reported to Colombo Bank
*Status of Card <input type="checkbox"/> Lost Date: _____ <input type="checkbox"/> Stolen Date: _____ <input type="checkbox"/> Never Received by You <input type="checkbox"/> In Your Possession		

You must list the Unauthorized Charges below: (Please attach additional sheets if necessary.)

- | | | | | |
|----|-------------|--------|----------|-----------------|
| 1. | Date: _____ | Amount | \$ _____ | Merchant: _____ |
| 2. | Date: _____ | Amount | \$ _____ | Merchant: _____ |
| 3. | Date: _____ | Amount | \$ _____ | Merchant: _____ |
| 4. | Date: _____ | Amount | \$ _____ | Merchant: _____ |
| 5. | Date: _____ | Amount | \$ _____ | Merchant: _____ |

Statement & Authorization

I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell, or trade my card, nor did I give anyone permission to use my card(s). I have no knowledge that my spouse or minor children made any transaction(s) on or after the date of the first fraudulent transaction. I did not receive any benefit from the unauthorized use of my card. I give my consent to the bank to release any information regarding my card and/or card account to local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Card Holder Signature

Date