

Unauthorized Credit/Debit Card Transactions

State of: Kentucky
County of: Daviess

I, _____ being first duly sworn, do hereby declare that an unauthorized Debit/Credit entry(s) was charged to my account. The unauthorized transaction(s) took place on the following date(s), for the amount(s) listed below.

Date(s):	Amount(s):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Bank said credit/debit card is issued by: _____

Account number of said credit/debit card: _____

Being still sworn, I further declare that I have examined said credit(s)/debit(s) and do not recognize any of the transactions; that my signature on the above described transaction(s) was not written or authorized by me and is a forgery; nor have I received any part of the proceeds of said transaction(s), either directly or indirectly. I further agree to assist the Owensboro Police Department in any investigation and criminal prosecution by testifying for the Commonwealth of Kentucky in court to the facts stated herein.

Printed Name: _____

Signature: _____

Address (Street): _____

City, State, Zip: _____

Home Phone: _____

Other Phone (cell): _____

Subscribed and sworn before me on this _____ day of _____, 20____.

_____, My commission expires _____.

Notary Public

Give a copy of the transactions (Copy of bill) to the Owensboro Police Department.

(Affix seal here)