Country Bank
15 South Street, Suite C
Ware, MA 01082
(800) 322-8233

SECURITY AFFIDAVIT

Unauthorized or Fraudulent Use of ATM/Debit Card

CUSTOMER CONTACT INFORMATION

Customer Name:	Customer Address:	Account Number:

ATM/Debit Card Number:	Drop down menu for Unauthorized Use, Lost Card, Stolen Card	Contact Number:

I, _____ declare that the following statement(s) are true. I did not receive any benefit or value from proceeds of the item(s), and no proceeds were applied to any use or purpose on my behalf. I have not arranged with the person(s) who misused the ATM/Debit Card to be reimbursed for proceeds of the item. I promise to testify or certify to the truth of all applicable statements in this affidavit before any competent judge, officer of a court, or other person, in any case now pending or which may occur regarding this affidavit.

ACCOUNT DETAILS

Transaction Date:	Merchant Name:	Transaction Amount:	Trace Nbr:

Customer Signature **Date**

EMPLOYEE **Branch** **Date**