STUDENT ORGANIZATION DEBIT CARD

LOSS NOTIFICATION

This form is to be completed by the organization’s Advisor and filed with the Norris Cashier’s Office on the first business day after the:
(a) Discovery that a Debit Card has been lost, stolen or compromised, and the
(b) Debit Card issuer has been notified.

ORGANIZATION INFORMATION (Please Print)

Group
Name: __________________________________________

Account
No.: 20_____ _____-_____ _____

Treasurer
Name: __________________________________________________________________

Debit Card Inventory Control No.: ________________________________ - ________________

INCIDENT INFORMATION

Date Issuer Notified: ______ / ______ / 20____ Time of Notification: _____:_____ AM / PM

(Circle one)

Authorized Designee at time of loss: _______________________________________________

Name of Contact at Card Issuer: _______________________________________________

Reference number for Cancellation: ________________________________

Card Cancelled (Circle one): YES / NO Requesting Replacement (Circle one): YES / NO

If card not cancelled, explanation: _________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Other information: ______________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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_____________________________________________________________________________

_____________________________________________________________________________

ADVISOR SIGNATURE: _________________________________ DATE: ___/___/20___

For Cashier’s Office Use

Date Received: _______ Services Assistant _______ Cancellation Confirmed: _______ Replacement Ordered: _______