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.

It will be the basis for a rollback of the remaining balance of the cancelled card to the group’s SOFO account. Should a replacement debit card be requested, a new card will be ordered. The Load Balance of the cancelled card will be applied to the replacement card. The initial funding of the new card will be processed upon the group’s completion of a reconciliation of all outstanding transactions on the cancelled card and the submission of a voucher for the initial load.

**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: ___________________________

____________________________________________________________________________________

____________________________________________________________________________________

ADVISOR SIGNATURE: ___________________________ DATE: ___/___/20____

For Cashier’s Office Use

Date Received: ________ Assistant ________ Cancellation Confirmed: ________ Ordered: ________