

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.

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: _____ Services Assistant: _____ Cancellation Confirmed: _____ Replacement Ordered: _____