

**PLASTIC CARD  
AFFIRMATION**

I/We, \_\_\_\_\_, the undersigned and holder of  
(Print Name(s))

Visa Debit, VISA Credit or ATM Card # \_\_\_\_\_ do hereby affirm  
that the following checked sentence applies to the disposition of said credit card.

- Card is not working.
- Card (s) has been mailed to California Community Credit Union.
  - 8815 Folsom Boulevard, Sacramento, CA 95826
  - 1930 9<sup>th</sup> Street, Suite 101, Sacramento, CA 95811
  - 130 Sunrise Avenue, Roseville, CA 95661
  - 4801 Laguna Blvd., Suite 101, Elk Grove, CA 95758
  - 3600 Sisk Road, Suite 4L, Modesto, CA 95356
- Card (s) has been destroyed. Date: \_\_\_\_\_
- Card (s) has been misplaced. Date: \_\_\_\_\_
- Card (s) has been stolen/lost. Date: \_\_\_\_\_
- Card(s) has been compromised
- I wish to close my account at this time and NOT have a new card reissued.
- Card (s) is in my possession, and being fully informed and aware of the penalty involved, I have refused to surrender said card (s).

**DATE CARD WAS LAST USED:** \_\_\_\_\_.

Explanation of how card (s) was lost or stolen:

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I understand if I use said card (s) after reported lost or stolen, I will be liable for the recovery fees. I realize there is a \$10.00 card replacement fee.

\_\_\_\_\_  
Date Signature Member Number

\_\_\_\_\_  
Date Signature

(Office use only)

Replacement Card # \_\_\_\_\_ Date issued \_\_\_\_\_

Police Report # \_\_\_\_\_ City/County filed in \_\_\_\_\_