Credit Card Lost/Stolen Form

Card Type: ☐ Business ☐ Platinum

Issue: ☐ Lost ☐ Stolen ☐ Non-receipt

Client Information

Client Name:

Residential Address

House/Street:

Town/City/Parish: **County/State:**

Postal/Zip Code: **Country:**

Home Phone: **Mobile Phone:** **Work Phone:**

Email Address: **Fax #:**

Report Information

Report Date: **Report Time:**

Date of Loss: **Time of Loss:**

Date Last Used:

Credit Card No.: **Expiration Date:**

Date Last Used:

Card Holder: ☐ Main Cardholder ☐ Supplementary Cardholder

No. Cards Issued on A/c: **No. Cards Lost/Stolen:**

Location of loss:

Details of Loss:

Has a police report been filed?: ☐ Yes ☐ No ☐ Copy Attached ☐ Report No.:

Has the card been reported lost/stolen to Visa?: ☐ Yes ☐ No ☐ Copy Attached ☐ Report No.:

If yes, details of report:

Was missing card signed?: ☐ Yes ☐ No PIN # Lost?: ☐ Yes ☐ No ** **Potential Fraud?:** ☐ Yes ☐ No

Main Client's Signature **Date**:	**Supplementary Signature** **Date**:

** If there is evidence of potential fraud on your account, please contact Card Services immediately at email: support@bcbank.us and complete the BCB Card Dispute Form.

Completed forms may be emailed to cardservices@bcbank.us

Internal Use

Reported by: ☐ Phone ☐ Email ☐ Fax ☐ In person

Name of Person Reporting:

Contact No.:

Report taken by: **Date:**

Outstanding Balance/Credit at the time of report (including pending charges): $

Did client verify balance as correct?: ☐ Yes ☐ No

Special Instructions:

Completed By:		Signature:		Date:	
Business CIF		CH #1 CIF			