

**NOTICE OF LOST/STOLEN CHECKBOOK
 AND/OR ATM DEBIT CARD**

Member Information	Name (First, Middle, Last)		Account Number	
	Mailing Address		City	State
	Daytime Phone Number		Evening Phone Number	
		Zip Code		

Loss Information	Type of Loss	<input type="checkbox"/> Stolen	<input type="checkbox"/> Never Received
	Date Discovered	<input type="checkbox"/> Lost	<input type="checkbox"/> Compromised
	Missing Check Numbers Starting # Ending #	Stop Payment Activated <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check Card Information	Is your ATM/Debit Card in your possession? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your PIN with your card? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does anyone have access to your PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
	Last Place of Purchase	
	Date of last purchase	Dollar Amount
	Authorized Users on Account	

Description of Events	Please describe the events and discovery of the loss or theft
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Police Notification	Have the police been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Case # assigned
	Police Department Name	Police Department Phone Number

Signature		
	Member Signature	Date

**Mail to: Alcoa Pittsburgh FCU
 201 Isabella Street, Suite 100
 Pittsburgh PA 15212**