

DECLARATION OF FORGERY OR UNAUTHORIZED USE

Re: State of Idaho - Wells Fargo MasterCard Purchase Card

Account Number: 5405-10____ - _____ - _____

I, _____, have reported that my above numbered card or account.(please check and complete applicable section)

___ with an expiration date of _____ was not received by me.

___ was discovered missing on _____.

___ was stolen on _____, at _____.

I have notified the _____ police, who took report # _____.

___ may have been used without my authorization, though valid card was in my possession at all times.

___ additional information enclosed on separate sheet.

I last used the said card on _____, 200__ in the city of _____.

Any duplicate of such card has been destroyed.

The transaction(s) listed below or on the attached sheet and/or transaction made after the date of the last usage were not made by me or by a person acting with my authorization. I received no benefit whatsoever from such use. I further authorize you to accept my telephone verification of any subsequent transaction(s).

TRANSACTION DESCRIPTION	TRANSACTION DATE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury that the foregoing is true and correct, and I will testify, declare, depose or certify to the truth hereof before any competent tribunal, officer or person in any case now or hereafter pending in connection with the matters contained within this declaration

Executed at (City/County and State) _____ Date _____

Signature of Cardholder

STOP! Signature of cardholder is required.