I, _____, certify that I no longer have possession of any _____ credit card(s).

The card(s) have been: (check (✔) appropriate box)

1. ❒ Lost. 2. ❒ Returned to the creditor by me.

3. ❒ Destroyed by me. 4. ❒ Destroyed by me in the presence of my credit counselor.

The above referenced credit card was issued on account # _____.

I understand that the above referenced credit account is closed and if further charges are made on my account I will be subject to Georgia Law # 883 (Senate Bill # 169).

_____ _____

Cardholder's Signature Date

I, _____, certify that I no longer have possession of any _____ credit card(s).

The card(s) have been: (check (✔) appropriate box)

1. ❒ Lost. 2. ❒ Returned to the creditor by me.

3. ❒ Destroyed by me. 4. ❒ Destroyed by me in the presence of my credit counselor.

The above referenced credit card was issued on account # _____.

I understand that the above referenced credit account is closed and if further charges are made on my account I will be subject to Georgia Law # 883 (Senate Bill # 169).

_____ _____

Cardholder's Signature Date

I, _____, certify that I no longer have possession of any _____ credit card(s).

The card(s) have been: (check (✔) appropriate box)

1. ❒ Lost. 2. ❒ Returned to the creditor by me.

3. ❒ Destroyed by me. 4. ❒ Destroyed by me in the presence of my credit counselor.

The above referenced credit card was issued on account # _____.

I understand that the above referenced credit account is closed and if further charges are made on my account I will be subject to Georgia Law # 883 (Senate Bill # 169).

_____ _____

Cardholder's Signature Date