

**DISPOSITION OF CREDIT CARDS
BY CLIENT**

I, _____, certify that I no longer have possession of any credit cards.

The following cards 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.

I understand that the below referenced credit card accounts are closed and if further charges are made on my accounts I will be subject to Georgia Law #883 (Senate Bill #16).

Cardholder Signature _____ Date _____

Cardholder Signature _____ Date _____

- 1. I witnessed the client's signature verifying affidavit of lost or previously destroyed or returned card.
- 2. I witnessed the client's destruction of the below referenced credit cards.

CCCS Staff Member _____ Date _____

Credit Card _____ Account # _____

Credit Card _____ Account # _____

Credit Card _____ Account # _____

Credit Card _____ Account # _____

Credit Card _____ Account # _____

Credit Card _____ Account # _____

Credit Card _____ Account # _____