

# Identity Theft Packet

Teller number \_\_\_\_\_ Date received \_\_\_\_\_ Account number \_\_\_\_\_



Valued Member:

Thank you for contacting Educational System Federal Credit Union regarding the suspected theft of your identity. We realize this circumstance can be an unsettling experience, but we are committed to assisting you.

Enclosed are the applicable forms required to help us assist you in our investigation. These forms include:

- Identity Theft Affidavit Instructions
- Identity Theft Affidavit (pages 4 and 5)
- Letter of Willingness to Prosecute Perpetrator of Fraudulent Transactions (page 6)
- Fraudulent Account Statement (page 7)
- Contact and Resource Information

Please return the notarized completed forms (pages 4, 5, 6 and 7) to any of our branch locations. We will investigate this matter as quickly as possible and inform you of the results within 30 days.

Please contact us at 800.356.6660 or 301.779.8500 if you have any questions about completing the form(s) or anything related to this identity theft claim. We appreciate your business and thank you for allowing Educational System FCU to service your needs.

Sincerely,

The Educational System Federal Credit Union Team

To make certain that you do not become responsible for any debts incurred by an identity theft, you must prove that you did not create the debt. The information will enable us to investigate the fraud and decide the outcome of your claim. (If someone made unauthorized charges or opened an account in your name at another company and/or institution, please contact that company and/or institution.)

This affidavit has three parts:

- Part one: The **Identity Theft Affidavit** is where you report general information about yourself and the theft.
- Part two: **Letter of Willingness to Prosecute Perpetrator of Fraudulent Transactions** is where you agree to prosecute the identity thief.
- Part three: The **Fraudulent Account Statement** is where you describe the fraudulent account(s) opened in your name.

Here are some important steps you should take during the process:

- Complete this affidavit as soon as possible. We ask that you complete the forms within two weeks of receiving it. The investigation will begin once we receive all of the forms.
- Be as accurate and complete as possible. Please print clearly. Any incorrect or incomplete information will delay processing your claim.
- Deliver completed forms to the nearest branch office. After receiving your forms we will work diligently to solve your claim.
- Keep a copy of everything you submit for your records. Please ask the representative for a copy of all completed forms for your records.

Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared. A full investigation will be conducted and you will be notified of our decision.

## Identity Theft Affidavit

### Member Information

Full legal name

\_\_\_\_\_  
First Middle Last Jr., Sr., III

(If different from above) When the events described in this affidavit took place, I was known as

\_\_\_\_\_  
First Middle Last Jr., Sr., III

Date of Birth \_\_\_\_\_  
(Month/Day/Year)

Social Security Number \_\_\_\_\_

Identification \_\_\_\_\_  
(Type of ID) (ID Number) (Issued by)

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I have lived at this address since \_\_\_\_\_  
(Month/Year)

Daytime Phone Number \_\_\_\_\_

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. Knowingly submitting false information on this for could subject you to criminal prosecution for perjury.

\_\_\_\_\_  
(Signature) (Date Signed)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary \_\_\_\_\_

Check all that apply:

- I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
- I did not receive any benefit, money, goods or services as a result of the events described in this report.
- My identification documents (i.e. credit cards, birth certificate, driver's license, Social Security Card, etc.) were stolen lost on or about \_\_\_\_\_  
(Month/Day/Year)
- To the best my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

Name (if known)	Name (if known)
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Address (if known)	Address (if known)
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Additional information (if known)	Additional Information (if known)
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- I do not know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
- Additional comments: (For example, description of the fraud, which documents or information was used or how the identity thief gained access to your information.)

\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. Knowingly submitting false information on this for could subject you to criminal prosecution for perjury.

(Signature)	(Date Signed)
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State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary \_\_\_\_\_



## Letter of Willingness to Prosecute Perpetrator of Fraudulent Transactions

I \_\_\_\_\_ hereby state that I have reported the alleged fraudulent transaction(s), which appear in my Educational Systems Federal Credit Union account, to:

Police Officer's Name \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Address \_\_\_\_\_

Police Department Phone Number \_\_\_\_\_

Case Number \_\_\_\_\_

Date of Report \_\_\_\_\_

I further understand that the fraudulent transaction(s) are subject to investigation by local, state and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony. I will prosecute the perpetrator of the alleged fraudulent transaction(s) without respect to his/her relationship to me.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary \_\_\_\_\_

### Fraudulent Account Statement

As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Account Number	Type of unauthorized product/service provided by creditor	Date issued of opened (if known)	Amount of unauthorized transaction

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. Knowingly submitting false information on this for could subject you to criminal prosecution for perjury.

\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Date Signed)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary \_\_\_\_\_

## Contact and Resource Information

Contact any one of the nationwide consumer reporting companies to place a fraud alert on your credit report. Fraud alerts can help prevent an identity thief from opening any more accounts in your name. The consumer reporting company you call will contact the other two companies. Also add a victim's statement to your report. Sample statement: "My (Social Security Number, ID or Driver's License) has been used to apply for credit fraudulently. Contact me at (your phone number) to verify all applications." Be sure to ask how long the fraud alert is posted and how it can be extended if necessary. In addition, once you have placed a fraud alert, you are entitled to order one free credit report from each of the three consumer reporting companies.

Equifax	Experian	Trans Union
1.800.525.6285	1.888.397.3742	1.800.680.7289
www.equifax.com	www.experian.com	www.transunion.com
PO Box 740241 Atlanta, GA 30374-0241	PO Box 1017 Allen, TX 75013	PO Box 6790 Fullerton, CA 92834

If it appears someone is using your Social Security Number when applying for a job:

- Verify the accuracy of your reported earnings and that your name is reported correctly
- Call 800.772.1213 to check your Social Security Statement

If you suspect someone may have used your name to get a driver's license contact the Department of Motor Vehicles.

**Maryland**  
1.800.950.6182

**District of Columbia**  
reportlicensefraud@dc.gov

**Virginia**  
1.877.937.6372

File a complaint with the Federal Trade Commission and request a copy of the free comprehensive consumer guide to help guard against and recover from identity theft (When Bad Things Happen to Your Good Name).

Identity Theft Clearinghouse  
Federal Trade Commission  
600 Pennsylvania Avenue, NW Washington, DC 20580  
Toll free 877.438.4338 (TDD: 202.326.2502)  
www.consumer.gov/idtheft

Call the US Postal Service Crime Hotline 800.654.8896 if you are a victim of mail fraud.

Notify the following agencies if your checks have been stolen or fraudulent bank accounts were established:

ChexSystems: 800.328.5121  
Check Rite: 800.766.2748  
SCAN: 800.262.7771

National Processing Company (NPC): 800.526.5380  
Tele-Check: 800.366.2425/800.927.0188  
Equifax-Telecredit: 800.437.5120

Contact your Local Police Department