



TeleCheck Forgery/Identity Theft Affidavit

Please fax or mail the information outlined below to:

Fax: (402) 916-8180
Contact: (800) 280-7196

Mail: TeleCheck Service, Inc.
Attention: Forgery Department
P.O. Box 4451
Houston, TX 77210-4451

SIGNATURE FORGED (FORGERY)

I did not authorize the creation of or signatures on my personal or business checks listed below.

I have not directly or indirectly authorized anyone to make alterations to my personal or business check(s).

Please complete sections 2, 3, 4, and 5.

COUNTERFEITING (ID THEFT)

The check(s) listed below are not legitimate checks. They were either not printed for my use or not signed by me, but bear the following (check all that apply):

- My driver's license number or state-issued ID number
- My social security number, name, and/or address
- My business name and/or business address

Please complete sections 2 and 5.

Only complete section 4 if information is available.

SECTION 2: PLEASE COMPLETE THE FOLLOWING INFORMATION

.....
ACCOUNT HOLDER LAST NAME

.....
ACCOUNT HOLDER FIRST NAME

.....
ACCOUNT HOLDER DRIVER'S LICENSE, STATE ID, MILITARY ID, OR SOCIAL SECURITY NUMBER (PLEASE INCLUDE PHOTO COPY OF ID)

.....
JOINT ACCOUNT HOLDER LAST NAME

.....
JOINT ACCOUNT HOLDER FIRST NAME

.....
JOINT ACCOUNT HOLDER DRIVER'S LICENSE, STATE ID, MILITARY ID, OR SOCIAL SECURITY NUMBER (PLEASE INCLUDE PHOTO COPY OF ID)

.....
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

.....
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP CODE)

.....
DAYTIME PHONE NUMBER

.....
EVENING PHONE NUMBER



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SECTION 5: PLEASE PROVIDE A BRIEF DESCRIPTION OF THE FRAUD OR ID THEFT

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By signing below, you are making the following declarations:

- I did not receive any benefit or value from the proceeds of the check(s) listed above.
- I am not the family member of any person who forged or counterfeited the fraudulent instruments identified herein.
- I do not know or suspect the identity of the person(s) who forged or counterfeited the fraudulent instruments identified herein.
- I will cooperate in any investigation, promptly disclose any relevant information about these incidents to TeleCheck, affected financial institutions or law enforcement, and cooperate fully in the prosecution of the person(s) responsible for these crimes.
- I will testify to the truth of these statements in any case which may result from these incidents.

I declare under the penalty of perjury that all statements contained herein are true, correct and within my personal knowledge.

.....
SIGNATURE OF CLAIMANT (IF BUSINESS ACCOUNT, INCLUDE TITLE)
NOTE: AFFIDAVIT MUST BE SIGNED IN FRONT OF A NOTARY

.....
DATE

THE SECTION BELOW MUST BE COMPLETED BY NOTARY ONLY

<p>NOTARY INFORMATION</p> <p>STATE _____ COUNTY _____</p> <p>SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, _____ (YEAR)</p> <p>MY COMMISSION EXPIRES (DATE) _____</p>	<p>PLACE NOTARY STAMP HERE</p> <div style="border: 1px solid black; padding: 5px;"><p>The foregoing document was acknowledged before me this _____ day of _____, 20____ by _____ Notary Public</p></div>
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