



## **REPORTING FORGERY/COUNTERFEITING/IDENTITY THEFT**

To begin an investigation into a report of forgery, counterfeiting or identity theft, we must have:

- (1) your name,
- (2) your address,
- (3) the bank routing and account number relating to the reported records,
- (4) a copy of your driver's license or other state-issued identification,
- (5) if the matter involves the opening of a new bank account, your social security number,
- (6) specific details of the records you are disputing (check or transaction number, date, amount, and payee), and
- (7) the reason for the dispute (suspected forgery, suspected identity theft, etc.).

To ensure we have all relevant information that best substantiates your dispute, we recommend you also submit one or more of the following:

- (a) TeleCheck's Forgery/Identity Theft Declaration form, completed
- (b) copy of a filed police report
- (c) completed FTC Identity Theft Report Affidavit available at [www.ftc.gov](http://www.ftc.gov), or
- (d) completed bank affidavit or declaration

Even if you don't supply (a)-(d), you can still help our investigation by supplying as much relevant information as you have about your dispute. For instance, provide a detailed statement about the incident, provide copies of receipts, any related collection letters you received, etc. We also ask that you provide a phone number where you may be reached during business hours in case we have questions.

TeleCheck may take up to 30 days to conduct a reinvestigation from the date the dispute is received or 45 days if we receive additional information from you about the dispute during that 30 day period.

## TeleCheck Forgery/Identity Theft Declaration

Account Holder First Name	Middle Initial	Account Holder Last Name	
Current Address (Street, City, State, Zip Code)			
Joint Account Holder Last Name		Joint Account Holder First Name	
Home Telephone No.	Daytime Telephone No.	Cell Phone No.	
Account Holder & Joint Account Holder ID/Drivers License (#s)		Account Holder & Joint Account Holder Social Security #(s)	
<b>Banking Information</b>	Name of Financial Institution	Is this Account Closed?    Yes = Y    No = N	
	Bank Routing Number Affected	Bank Account Number Affected	
Check Series Reported Lost or Stolen		Beginning Check # / End Check #	
<b>Please Include the Following for Forgery or ID Theft</b>			
<b>Check Number</b>	<b>Date</b>	<b>Amount</b>	<b>Made Payable to</b>
<p><b>Please Provide a Brief Description of the Fraud or ID Theft. Also, please include debt collector's Account Reference #'s, if available.</b></p>			

By signing below, I declare: *(please circle the appropriate answer)*

I did or did not receive any benefit or value from the proceeds of the check(s) listed

I did or did not receive any money, goods, services, or other benefit as a result of the events described in this report.

**All of the information on and attached to this declaration is true, correct, and complete and made in good faith. I understand that this declaration or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes and may result in a fine, imprisonment, or both.**

I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Declarant (if business Account, include Title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Declarant

(Circle one) I am or I am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

**If you do not choose to file a report with law enforcement, you may use this form as an Identify Theft Declaration to prove to each of the companies where the thief misused your information that you are not responsible for the fraud.**

**Please mail the completed declaration and attachments to:**

Mail: TeleCheck Services, Inc., Attn: Forgery Dept.  
P.O. Box 6806  
Hagerstown, MD 21741-6806

**Or FAX to:**

(402) 916-8180