

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 and so on).

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

- → TeleCheck's Forgery/Identity Theft Declaration form, completed
- → Copy of a filed police report
- → Completed ftc identity theft report affidavit available at ftc.gov, or
- → 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, and so on. 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 (St	reet, City, Sta	ite, Zip Code)				
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Joint Account Holder Last Name			Joint Account Holder First Name			
Home Telephone No.		Daytime Telephone No.		Cell Phone No.		
Account Holder and	Joint Accour	t Holder ID/Drive	ers License (#s)	Account Holder and Joint Account Holder Social Security #(s)		
Banking	Name of	Financial Institut	ion	Is this Account Closed? Yes = Y No = N		
Information	Bank Routing Number Affected			Bank Account Number Affected		
Check Series Repor	ted Lost or St	tolen		Beginning Check #/End Check #		
Please Include the Following for Forgery or ID Theft						
Check Number	Date	Amount	Made Payable to			
Please Provide a B	rief Descripti	on of the Fraud	l or ID Theft. Also, r	please include debt collector's Account Reference #'s,		
if available.						

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

<u>I did</u> or <u>did not</u> receive any benefit or value from the proceeds of the check(s) listed.

<u>I did</u> or <u>did not</u> 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) <u>I am</u> or I <u>am not</u> 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