



### **Instructions for Completing Identity Theft Affidavit**

To make certain you do not become responsible for any debts incurred by an identity thief, you must prove to each of the companies where accounts were opened or used in your name that you didn't create the debt. While we will accept the Federal Trade Commission's Universal Identity theft Affidavit we may require that you submit more forms in order to assist you in your claim.

**This form is only to be used for fraudulent accounts that were opened without your authorization.** Do not use this form if you are disputing unauthorized charges made to an existing account. If this is the case, please contact Member Services at 1-800-443-6887 for assistance.

It will be necessary to provide all the information in this affidavit for the new account opened in your name at **FAIRWINDS** Credit Union. This information will enable us to investigate the fraud and decide the outcome of your claim.

This affidavit has two parts:

- **Part One** – the ID Theft Affidavit – is where you report general information about yourself and the theft.
- **Part Two** – the Fraudulent Account Statement – is where you describe the fraudulent account(s) opened in your name. Use a separate Fraudulent Account Statement for each loan, credit card, checking/savings account opened in your name.

Please attach copies (NOT originals) of any supporting documents. We require a clear photocopy of your driver's license and all police reports. Before submitting your affidavit, review the disputed account(s) with family member or friends who may have information about the account(s) or access to them.

Complete this affidavit as soon as possible. We allow you 10 business days from date of receipt to return this affidavit to us. Delays on your part could slow the investigation or cause us to establish the debt as valid. Please mail this document with any supporting documents to the address listed below.

**FAIRWINDS Credit Union, Attn: Fraud Department, 3087 N Alafaya Trail, Orlando, FL 32826**

Print clearly, be as accurate and complete as possible. You may choose not to provide some of the information requested. However, incorrect or incomplete information will slow the process of investigating your claim and absolving your debt.

If you haven't already done so, report the fraud to the following organizations:

1. 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 company you call is required to contact the other two, which will place an alert on their versions of your report, too.

- **Equifax:** 1-800-525-6285;  
www.equifax.com
- **Experian:** 1-888-EXPERIAN  
(397-3742); www.experian.com
- **TransUnion:** 1-800-680-7289;  
www.transunion.com

In addition to placing the fraud alert, the three consumer reporting companies will send you free copies of your credit reports, and, if you ask, they will display only the last four digits of your Social Security number on your credit reports.

2. The security or fraud department of each company where you know, or believe, accounts have been tampered with or opened fraudulently. Close the accounts. Follow up in writing, and include copies (NOT originals) of supporting documents. *It's important to notify credit card companies and banks in writing.* Send your letters by certified mail, return receipt requested, so you can document what the company received and when. Keep a file of your correspondence and enclosures.

When you open new accounts, use new Personal Identification Numbers (PINs) and

passwords. Avoid using easily available information like your mother's maiden name, your birth date, the last four digits of your Social Security number or your phone number, or a series of consecutive numbers.

3. Your local police or the police in the community where the identity theft took place to file a report. Get a copy of the police report or, at the very least, the number of the report. It can help you deal with creditors who need proof of the crime. If the police are reluctant to take your report, ask to file a "Miscellaneous Incidents" report, or try another jurisdiction, like your state police. You also can check with your state Attorney General's office to find out if state law requires the police to take reports for identity theft. Check the Blue Pages of your telephone directory for the phone number or check [www.naag.org](http://www.naag.org) for a list of state Attorneys General.
4. The Federal Trade Commission. By sharing your identity theft complaint with the FTC, you will provide important information that can help law enforcement officials across the nation track down identity thieves and stop them. The FTC also can refer victims' complaints to other government agencies and companies for further action, as well as investigate companies for violations of laws that the FTC enforces.

You can file a complaint online at **[www.consumer.gov/idtheft](http://www.consumer.gov/idtheft)**. If you don't have Internet access, call the FTC's Identity Theft Hotline, toll-free: 1-877-IDTHEFT (438-4338); TTY: 1-866-653-4261; or write: Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580.

## ID Theft Affidavit

### Victim Information

(1) My full legal name is \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)

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

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

(3) My date of birth is \_\_\_\_\_  
(day/month/year)

(4) My Social Security number is \_\_\_\_\_

(5) My driver's license or identification card state and number are \_\_\_\_\_

(6) My current address is \_\_\_\_\_

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

(7) I have lived at this address since \_\_\_\_\_  
(month/year)

(8) (If different from above) When the events described in this affidavit took place, my address was

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

(9) I lived at the address in Item 8 from \_\_\_\_\_ until \_\_\_\_\_  
(month/year) (month/year)

(10) My daytime telephone number is (\_\_\_\_) \_\_\_\_\_

My evening telephone number is (\_\_\_\_) \_\_\_\_\_

## How the Fraud Occurred

### Check all that apply for items 11 - 17:

- (11) ☐ 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.
- (12) ☐ I did not receive any benefit, money, goods or services as a result of the events described in this report.
- (13) ☐ My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were ☐ stolen ☐ lost on or about \_\_\_\_\_.  
(day/month/year)
- (14) ☐ To the best of 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)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
Additional information (if known)

\_\_\_\_\_  
Additional information (if known)

- (15) ☐ I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
- (16) ☐ Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Attach additional pages as necessary.)

Additional Comments Continued from Page 2  
(Item 16 Continued)

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### Victim's Law Enforcement Actions

- (17) (check one) I ☐ am ☐ am not willing to assist in the prosecution of the person(s) who committed this fraud.
- (18) (check one) I ☐ am ☐ am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.
- (19) (check all that apply) I ☐ have ☐ have not reported the events described in this affidavit to the police or other law enforcement agency. The police ☐ did ☐ did not write a report. *In the event you have contacted the police or other law enforcement agency, please complete the following:*

\_\_\_\_\_  
**(Agency #1)**

\_\_\_\_\_  
 (Officer/Agency personnel taking report)

\_\_\_\_\_  
 (Date of report)

\_\_\_\_\_  
 (Report number, if any)

\_\_\_\_\_  
 (Phone number)

\_\_\_\_\_  
 (email address, if any)

\_\_\_\_\_  
**(Agency #2)**

\_\_\_\_\_  
 (Officer/Agency personnel taking report)

\_\_\_\_\_  
 (Date of report)

\_\_\_\_\_  
 (Report number, if any)

\_\_\_\_\_  
 (Phone number)

\_\_\_\_\_  
 (email address, if any)

### Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

- (20) ☐ A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- (21) ☐ Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).

Signature

**Please sign your name 5 times.**

(date signed)

Notary Seal

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FAIRWINDS Account Number: \_\_\_\_\_

## Fraudulent Account Statement

### Completing this Statement

- Make as many copies of this page as you need. **Complete a separate page for each account you are disputing.** Include a copy of your signed affidavit.
- List only the account you're disputing with the company receiving this form. **See the example below.**

**I declare (check all that apply):**

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

| Creditor Name/Address ( <i>the company that opened the account or provided the goods or services</i> ) | Account Number | Type of unauthorized credit/goods/services provided by creditor and description ( <i>if known</i> ) | Date issued or opened ( <i>if known</i> ) | Amount/Value provided ( <i>the amount charged or the cost of the goods/services</i> ) |
|--------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|
| Example<br>Example National Bank<br>22 Main Street<br>Columbus, Ohio 22722                             | 01234567-89    | auto loan/<br>VIN number                                                                            | 01/05/2002                                | \$25,500.00                                                                           |
| Example<br>Example National Bank<br>22 Main Street<br>Columbus, Ohio 22722                             | 01234567-89    | Shares/<br>Checking, Savings                                                                        | 01/05/2005                                | \$2,000.00                                                                            |
|                                                                                                        |                |                                                                                                     |                                           |                                                                                       |

- ☐ During the time of the accounts described above, I had the following account open with your company:

Billing name \_\_\_\_\_

Billing address \_\_\_\_\_

Account number \_\_\_\_\_