



Consumer Relations
7805 Hudson Rd Suite 100
Woodbury, MN 55125
www.chexsystems.com

In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. You will then have the ability to print the form and either mail or fax it to ChexSystems.

* indicates a required field

Chex Systems, Inc. Security Alert Identity Theft Affidavit

Please complete all applicable fields on the form below, making sure to sign and notarize the document prior to submitting it to Chex Systems, Inc.

Personal Details

*Full legal name:

First Middle Last Suffix

When the events described in this affidavit took place, my name was (if different from above):

First Middle Last Suffix

* Date of Birth: ____-____-____ *U.S. Social Security #: _____
mm dd yyyy

U.S. Driver's License: _____ State of Issuance: _____

Address Details

Current Address:

Line 1: _____

Line 2: _____

*City: _____

*State: _____ * Zip (Postal code): _____

Lived in the above address since: ____ - ____
mm yyyy

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

Line 1: _____

Line 2: _____

*City: _____

*State: _____ * Zip (Postal code): _____

Lived in the above address: From ____ - ____ to ____ - ____
mm yyyy mm yyyy

Daytime Telephone #: _____ Evening Telephone #: _____

Victim's Law Enforcement Action

Are you willing to assist in the prosecution of person(s) who committed this fraud? Yes No

Do you agree to authorize 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? Yes No

Have you reported the events described in the affidavit to the police or other law enforcement agency?
Yes No

Did the police or law enforcement agency write a report? Yes No

In case you have contacted the police or other law enforcement agency, please complete the following:

Agency 1:

Agency Name: _____ Officer In Charge: _____

Date of Report: _____ Report number: _____
mm dd yyyy

Agency Phone #: _____ e-mail Address: _____

Agency 2:

Agency Name: _____ Officer In Charge: _____

Date of Report: _____ Report number: _____
mm dd yyyy

Agency Phone #: _____ e-mail Address: _____

Supporting Documents

Select the supporting documentation that you will provide to the companies you plan to notify.

Note: Attach copies (NOT originals) to the affidavit before sending it to the companies.

Copy of a valid government issued photo-identification card. (Example: Driver's License, State Issued ID card, Passport). **Note:** 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.

Proof of residency during the time the disputed bill occurred, the loan was made, or the other event took place. (Example: rental/lease agreement in your name, copy of your utility bill or a copy of an insurance bill).

Copy of the report you filed with the police or sheriff's department.



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Signature

I declare under penalty of perjury that the information I have provided in the affidavit is true and correct to the best of my knowledge.

(Signature)

Date Signed (mm/dd/yyyy)

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

(Notarization)

[Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.]

(Notary signature)

(Printed Name)

Date (mm/dd/yyyy)

(Telephone Number)