

**In order to complete this form electronically, please 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 #: \_\_\_\_\_

### Password Question and Answer

\* Please select a password question:

What was the name of your elementary school?

In what city were you born?

What was the name of your first pet?

What was the name of your first boy / girl friend?

What was the color of your first automobile?

\*The answer to the question that I selected above is: \_\_\_\_\_

### How did the Fraud occur?

Select all that is applicable in the following options:

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.

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

My identification documents (for example: credit cards, birth certificate, driver's license, Social Security card, etc.) were  Stolen  Lost

Date on which the documents were lost or stolen: \_\_\_\_\_  
mm dd yyyy

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 to get money, credit, loans, goods or services without my knowledge or authorization:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Postal code: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I do not know who used my information or identification documents to get money, credit, loans, goods, or services without my knowledge or authorization.

## 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: \_\_\_\_\_  
mm dd yyyy

Report number: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

### Agency 2:

Agency Name: \_\_\_\_\_

Officer In Charge: \_\_\_\_\_

Date of Report: \_\_\_\_\_  
mm dd yyyy

Report number: \_\_\_\_\_

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.



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

**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)