



TRS Recovery Services, Inc.

Forgery/Identify Theft Affidavit

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	
Banking Information	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 #	

Please Include the Following for Forgery or ID Theft

Check Number	Date	Amount	Made Payable to

Check here if you have an attached sheet in your claim

Please Provide a Brief Description of the Fraud or ID Theft. Also, please include TRS' Account Reference #'s, if available.

By signing below, you are making the following declarations: *(please check 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.
- I am or am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

As applicable, sign and date IN THE PRESENCE OF a law enforcement officer, a notary, or a witness.

I certify that to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint 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.

Signature of Claimant (if business Account, include Title)

Date

Your Affidavit

If you do not choose to file a report with law enforcement, you may use this form as an Identify Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. Please sign this Affidavit in the presence of a notary or please have one witness (non-relative) sign that you completed and signed this Affidavit.

Signature of Claimant (if business Account, include Title)

Date

Witness

Signature

Printed Name

Date

Telephone Number

Notary

Signature

Printed Name

State

County

Date

My Commission Expires (Date)

Please mail the completed affidavit and attachments to:

TRS Recovery Services, Inc.
P.O. Box 674169
Marietta, GA, 30006

Or FAX to:

402.934.3721