

## TRS Recovery Services, Inc.

## Forgery/Identify Theft Affidavit

Account Holder First Name		Middle Initial	Account Holde	r Last Name		
Current Address (Street, City, State, Zip Code)						
Joint Account Holder Last Name	Joint Account Holder First Name					
Home Telephone No.	ne Telephone N	0.	Cell Phone No.			
Account Holder & Joint Account Holder ID/Drivers License #s Account Holder & Joint Account Holder Social Security #s						
		ancial Institution	n Is this	Account Closed? Yes = Y No = N		
Banking Information	g Number Affec	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						
	I	<u> </u>				
Check Number Date	Amoun	nt		Made Payable to		
Check here if you have an attache	ad sheet in	vour claim				
Check here if you have an attach	eu sileet iii	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 declar	arations: (please check		
the appropriate answer)			
• <u>I did</u> or <u>did not</u> receive any benefit or v check(s) listed	alue from the proceeds of the		
<ul> <li><u>I did</u> or <u>did not</u> receive any money, goo described in this report.</li> </ul>	ds, services, or other benefit as a result of the events		
• <u>I am</u> or <u>am not</u> willing to work with law who committed the fraud.	enforcement if charges are brought against the person(s)		
As applicable, sign and date IN THE PRESENCE OF a law en	nforcement officer, a notary, or a witness.		
correct, and complete and made in good faith. I understa made available to federal, state, and/or local law enforce they deem appropriate. I understand that knowingly make	f the information on and attached to this complaint is true, and that this complaint or the information it contains may be ment agencies for such action within their jurisdiction as king any false or fraudulent statement or representation to hal statutes and may result in a fine, imprisonment, or both.		
Signature of Claimant (if business Account, include Title)	 Date		
	24.0		
Your Affidavit			
If you do not choose to file a report with law enforcement Affidavit to prove to each of the companies where the thin responsible for the fraud. Please sign this Affidavit in the witness (non-relative) sign that you completed and signed	ef misused your information that you are not presence of a notary or please have one		
Signature of Claimant (if business Account, include Title)			
Witness			
<del></del>			
Signature	Printed Name		
 Date	Telephone Number		
	·		
Notary			
Signature	Printed Name		
	My Commission Expires (Date)		
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Please mail the <u>completed affidavit and</u>	TRS Recovery Services, Inc.		
Please mail the completed affidavit and attachments to:	TRS Recovery Services, Inc. P.O. Box 674169 Marietta, GA, 30006		