

Identity Theft Affidavit

Fill out and submit this form if you have been the victim of identity theft. See our *ID Theft Checklist* at [SalalCU.org/Forms](https://www.salalcreditunion.org/forms) for important steps you should take to protect your personal information and finances.

About You (The Victim)

First Name: _____ M.I.: _____ Last Name: _____

SSN/TIN: _____ Birth Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

ID Type: _____ ID Number: _____ Place of Issue: _____

Phone Number: _____ Email: _____

Declarations

I did or did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services—or for any other purpose—as described in this report.

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.

About the Suspect

I do or do not believe I know who the suspect is.

If you selected "I do," then complete the section below.

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Additional information about this person:

About the Fraud

List any additional details about the crime. For example, how the suspect gained access to your information, which documents were used, or information that would be helpful. If you need more room you can use a separate sheet of paper.

Documentation

I have included a copy of my government-issued photo identification. This could include a driver's license, state-issued ID, or passport. For minors, a copy of your birth certificate or school enrollment record is an acceptable form of ID.

Your Law Enforcement Report

Attach a copy of any confirmation letter or official law enforcement report if you have filed with an agency.

Select one:

- I have not filed a law enforcement report.
- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

Fill out as much information as possible below.

Law Enforcement Department: _____

State: _____ Report Number: _____ Filing Date: _____ Phone Number: _____

Officer Name: _____

Attestation Signature

I attest to the best of my knowledge the information provided in and submitted with this form is true and correct.

Signature: _____ Date Signed: _____

Return the completed and signed form by:

- Email to: **Fraud@SalalCU.org**
- Fax to: **206.260.7320**
- Mail to: **Salal Credit Union**
Attn: Fraud Department
PO Box 75029
Seattle, WA 98175-0029