

AMERICA'S CREDIT UNION

A Federal Credit Union | P.O. Box 5060, DuPont, WA 98327-5060 | 253-964-3113 | 866-968-7128 | www.youracu.org

Identity Theft Affidavit

Use this voluntary form to report identity theft affecting your America's Credit Union accounts or your identity generally. It supports police reports, credit bureau disputes, and creditor claims. Complete every section that applies, sign before a notary, and submit it to ACU as described on page 2.

SECTION 1 | VICTIM INFORMATION

Full legal name		Member number	
Date of birth	Last four of Social Security number	Phone	
Street address			
City, State, ZIP		Email address	

SECTION 2 | DECLARATION OF FRAUD (check all that apply)

- ☐ I did not open, authorize, or use the account(s), loan(s), card(s), or item(s) described below, nor did I authorize anyone else to do so.
- ☐ I did not receive any money, goods, services, or other benefit from the activity described in this affidavit.
- ☐ My personal information (name, Social Security number, account numbers, or other identifying information) was used without my knowledge or permission.

Fraudulent accounts or items (attach additional pages if needed)

Account or item	Institution or merchant	Date discovered	Amount
Account or item	Institution or merchant	Date discovered	Amount
Account or item	Institution or merchant	Date discovered	Amount
Account or item	Institution or merchant	Date discovered	Amount

SECTION 3 | HOW THE THEFT OCCURRED

Describe in detail how your information was stolen or misused, when you discovered it, and anyone you believe was involved. Attach a letter if you need more room.

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SECTION 4 | LAW ENFORCEMENT AND AGENCY REPORTS

Police report filed: ☐ Yes ☐ No

Law enforcement department

Case number

Officer name

Officer phone

Federal Trade Commission report filed at identitytheft.gov: ☐ Yes ☐ No

FTC report number

FBI Internet Crime Complaint Center (IC3) complaint filed at ic3.gov: ☐ Yes ☐ No

IC3 complaint number

SECTION 5 | CERTIFICATION

- I did not authorize or otherwise approve of the activity described in this affidavit, and I received no benefit or value from it.
- I have not arranged or communicated with any person who misused my information to share in any proceeds.
- I will cooperate with America's Credit Union and with local, state, and federal law enforcement in any investigation, and I agree to comply with a court order or subpoena to give testimony.
- Under penalty of perjury, I declare that the information in this affidavit is true and complete to the best of my knowledge.

Claimant signature

Date

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____

On this day _____ before me, _____ (Name of Notary Public), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. Witness my hand and official seal.

Notary Public Signature: _____ My commission expires: _____ (seal)

SUBMITTING THIS FORM

Bring the completed, notarized affidavit to any America's Credit Union branch, attach it to a secure message after signing in to Online Banking, or mail it to America's Credit Union, Attn: Fraud Department, P.O. Box 5060, DuPont, WA 98327-5060. Keep a copy for your records, along with your police report and FTC or IC3 confirmation numbers. Questions: 253-964-3113 or 866-968-7128.