

**NOTIFICATION OF SUSPECTED IDENTITY THEFT
TO BE COMPLETED BY THE ALLEGED VICTIM**

Full Name:		
Date of birth:	SSN:	Phone:
Physical Street address:		
City:	State:	ZIP Code:
Account Number(s) of suspected Fraud:		

Please provide account information for all valid accounts with Fidelity bank

Account Number:	Account Type:
Account Number:	Account Type:
Account Number:	Account Type:

You must provide the Police case number assigned to this case in order for the bank to begin an investigation

Police Case or FTC Affidavit#:
Please provide a detailed statement describing the fraud:
Please provide any documentation you may have regarding your case:
Please provide any additional information you may have to assist with our investigation:

I authorize Fidelity Bank to provide information relating to this case (please check those that apply)

<input type="checkbox"/> TO THOSE WHO HAVE SIGNED BELOW.
<input type="checkbox"/> TO FEDERAL, STATE, OR LOCAL GOVERNMENT LAW ENFORCEMENT AGENCY OR OFFICER

Attest to fraud case

By signing below, I (we) attest to the accuracy and truthfulness of the information provided above:	
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:

Verification of identification (please attach a copy of the identification)

Primary ID:	ID State:	ID Type:
ID #	Issue Date:	Exp. Date:

To be completed by the branch / department employee receiving the notification

Received by:	Date:
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TO BE COMPLETED BY THE SECURITY OFFICER

Received by:	Date Received:	Date Completed:
Out come of Research Investigation:		