



## RESOURCE KIT FOR VICTIMS OF IDENTITY CRIME

# ARE YOU A VICTIM OF AN IDENTITY CRIME?

If someone is using your identifying information, (name, date of birth, social security number, etc.), you **ARE** a victim of an identity crime **and should IMMEDIATELY file a report with your local Police Department or Sheriff's Office.**

The Identity Crimes Unit of the Tennessee Department of Safety and Homeland Security has compiled this resource kit to assist victims in minimizing the damage caused by identity crimes.

This kit contains resources to help you with recovery of losses and assist the local agency with their investigation. This kit also contains an Identity Theft Victim's Complaint and Affidavit that can be submitted online to the Federal Trade Commission at the following link: [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft). Complete the affidavit and read the remaining information in the kit to see if there are any other steps you should be taking to protect yourself from further damage or financial loss.

If you have questions or would like more information, please call the Identity Crimes Unit at (615) 251-5185 or visit the following link: <http://www.tn.gov/safety/cididtheft.shtml>.



**Once you discover you are a victim of identity theft the following should be accomplished as soon as possible:**

**1. FILE A POLICE REPORT**

Contact your local police department or Sheriff's Office and request that a report be made. You may be required to provide a copy of your driver license or another government issued photo ID along with your Social Security Card and birth certificate.

**2. FILE A COMPLAINT WITH THE FEDERAL TRADE COMMISSION**

You can file a complaint with the FTC online at <https://www.ftccomplaintassistant.gov> or you can call the FTC's Identity Theft Hotline, toll-free: 1-877-ID-THEFT (438-4338); TTY: 1-866-653-4261; or you can write to the Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580. A printed version of your complaint is available only if you file your complaint online. The FTC will not investigate the case, but after making a report, your information will be entered into the Identity Theft Data Clearinghouse which is a nationwide data bank that documents instances of identity theft in the U.S. to assist law enforcement in the investigation and prosecution of identity thieves.

**3. REPORT THE FRAUD TO THE THREE MAJOR CREDIT BUREAUS**

The identity crime can be reported to all three credit bureaus by calling any one of the credit bureau's toll-free fraud number, however it is recommended to call all three. The system is automated and will ask you to enter your Social Security number and other information to identify yourself. This allows you to flag your file with a fraud alert at all three bureaus which stays in effect for 90 days. Each credit bureau will send you a letter confirming your fraud alert along with instructions on how to get a free copy of your credit report.

**Equifax**  
P.O. Box 7402741  
Atlanta, GA 30374

[www.equifax.com](http://www.equifax.com)

**Report Credit Fraud:**

**(800) 525-6285**

**Request Credit Report:**

**(800) 685-1111**

**TransUnion**  
P.O. Box 2000  
Chester, PA 19022

[www.transunion.com](http://www.transunion.com)

**Report Credit Fraud:**

**(800) 680-7289**

**Request Credit Report:**

**(800) 888-4213**

**Experian (TRW)**  
P.O. Box 2002  
Allen, TX 75013

[www.experian.com](http://www.experian.com)

**Report Credit Fraud:**

**(888) 397-3742**

**Request Credit Report:**

**(888) 567-8688**

#### **4. WRITE THE CREDIT BUREAUS**

After calling the credit bureaus to report the identity crime, follow-up by writing a letter to each one and send it certified mail, return receipt requested along with a copy of your police report and completed ID Theft Affidavit. Keep a copy of each for your records.

#### **5. REQUEST YOUR FREE CREDIT REPORT**

Everyone is entitled to a free credit report every 12 months and upon notification to the credit bureau that you are a victim of identity theft. You may request a copy online at <https://www.annualcreditreport.com/cra/index.jsp> or by phone at 1-877-322-8228 or by mail at Annual Credit Report Request Service, P.O. Box 105281 Atlanta, GA 30348-5281. Online requests are viewable immediately upon authentication of identity. Free reports requested by phone or mail will be processed within 15 days of receiving your request.

#### **6. CONTACT CREDITORS**

Call creditors for each account which was fraudulently opened or used and ask for the security or fraud department. Tell them you are a victim of an identity crime. Ask the creditor to close the accounts and to report them to the credit bureaus as “closed at consumer’s request.” Have new accounts set up to require a password or PIN to approve use. Ask for copies of documentation on the fraudulent accounts. Follow-up by sending a letter to each creditor, along with a copy of the police report and ID Theft Affidavit, using certified mail return receipt requested.

#### **7. STOLEN CHECKS**

If you have had checks stolen or accounts set up fraudulently and you believe checks were for the fraudulent account, report it to the financial institution and close the accounts. Create new accounts and place stop payments on the outstanding fraudulent checks. You should also report the stolen checks to the check verification companies.

- **SCAN: 1-800-262-7771**
- **TeleCheck: 1-800-710-9898 or 927-0188**
- **Equifax Check Systems: 1-800-437-5120**
- **ChexSystems (800) 428-9623**
- **National Check Fraud Service: 1-843-571-2143**

#### **8. DEBIT CARDS AND CREDIT CARDS**

Contact the issuing institution and request new cards with new account numbers. Create new PINs for each card.

## 9. BANK ACCOUNTS

If bank accounts are involved, report the loss to each financial institution. Cancel existing accounts and open new ones with new account numbers. When opening new accounts, use new Personal Identification Numbers (PINs) and passwords. If you have bills set up to automatically draft your account, be sure to contact those companies and make other arrangements to pay the bills.

**Note: Acquire reports from your financial institutions to assist the investigator. This will alleviate the investigator from obtaining a court order or subpoena.**

## 10. DRIVER LICENSE

If your driver license is involved and you have a Tennessee Driver License, contact the Identity Crimes Unit at **615-251-5185**. If you have a license in another state, contact the agency issuing motor vehicle driver license in that state.

## 11. FRAUDULENT CHANGE OF ADDRESS

Notify the local US Postal Inspector if you suspect someone has fraudulently changed your address. Meet with your Postmaster to identify the new address and attempt to recover your fraudulently diverted mail. Contact information for US Postal Inspectors can be found at: [www.usps.gov/postalinspectors](http://www.usps.gov/postalinspectors) .

## 12. SOCIAL SECURITY NUMBER

If your social security number has been used fraudulently, contact the Social Security Administration at 1-800-269-0271 or through their website at [www.ssa.gov/org](http://www.ssa.gov/org) .

## 13. HOUSE AND CARS

If there is any indication that the keys to your house or car has been copied or otherwise compromised, change the locks immediately.

**In dealing with the authorities and financial institutions, keep a log of all conversations, including dates, times, names, and phone numbers. Note the time spent and any expenses incurred. Confirm conversations in writing. Send correspondence by certified mail (return receipt requested). Keep copies of all letters and documents.**

## **ADDITIONAL RESOURCES**

*Remember that you are entitled to a free credit report if you are a victim of identity theft, if you have been denied credit, if you receive welfare benefits, or if you are unemployed.*

### **U.S. Federal Trade Commission (FTC)**

The FTC oversees the operation of credit bureaus. You can find a copy of the Fair Credit Reporting Act on its web site. The FTC also provides assistance for identity theft victims. Its web site provides a complaint form that can be transmitted to the FTC via the Internet. [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft)

**Consumer Response Center:** (202) FTC-HELP or (202) 382-4357.

E-mail: [crc@ftc.gov](mailto:crc@ftc.gov)

Web site: [www.ftc.gov](http://www.ftc.gov)

### **U.S. Postal Service**

Call the U.S. Post Office to obtain the phone number of the nearest Postal Inspector (800) 275-8777.

Web site: [www.usps.gov/websites/depart/inspect](http://www.usps.gov/websites/depart/inspect)

### **U.S. Secret Service**

For the Secret Service office nearest you, look in the Government pages of your phone book.

Web site: [www.treas.gov/uss](http://www.treas.gov/uss)

### **U.S. Social Security Administration**

Report fraud: (800) 269-0271.

Order your free Personal Earnings and Benefit Estimate Statement: (800) 772-1213.

Web site: [www.ssa.gov](http://www.ssa.gov)

## **TO FIND THE LATEST NEWS AND INFORMATION ON IDENTITY THEFT:**

### **Inside ID Theft**

This is a website designed to provide the latest news and information about identity theft.

Web site: [www.INSIDEIDTheft.info](http://www.INSIDEIDTheft.info)

### **To remove your name from mail and phone lists**

#### **Direct Marketing Association**

Mail Preference Service, P.O. Box 9008, Farmingdale, NY 11735.

Telephone Preference Service, P.O. Box 9014, Farmingdale, NY 11735.

Web site: [www.the-dma.org](http://www.the-dma.org)

### **To report fraudulent use of your checks**

If you are unable to write checks because of bad checks written in your name, the merchant will direct you to one of the check verification services below. If you are unable to open a checking account because of the activities of an imposter, contact Chexsystems.

CheckRite	(800) 766-2748
Chexsystems	(800) 428-9623
CrossCheck	(707) 586-0551
Equifax	(800) 437-5120
National Processing Co.	(800) 526-5380
SCAN	(800) 262-7771
TeleCheck	(800) 710-9898

### **CONSUMER ORGANIZATIONS:**

#### **Identity Theft Prevention and Survival**

28202 Cabot Road, Suite 300, Laguna Niguel, 92677

Contact: Mari J. Frank, Esq., Author, *The Identity Theft Survival Kit*

Phone 800-725-0807 or 949-364-1511

E-mail [contact@identitytheft.org](mailto:contact@identitytheft.org)

Web site: [www.identitytheft.org](http://www.identitytheft.org)

#### **Privacy Rights Clearinghouse**

1717 Kettner Ave., Ste. 105, San Diego, CA 2101

Phone: (619) 298-3396 Contact: Director, Beth Givens

E-mail: [prc@privacyrights.org](mailto:prc@privacyrights.org)

Web site: [www.privacyrights.org](http://www.privacyrights.org)

### **Valuable PRC resources:**

[PRC Identity-Theft Resource Link](#)

[Coping with Identity Theft: What to Do When An Imposter Strikes](#)

[Identity Theft: What to Do When it Happens to You -- A Guide for Victims](#)

[Identity Theft: How It Happens, Its Impact on Victims, and Legislative Solutions](#)

### **VOIT (Victims of Identity Theft Support Group)**

[www.pirg.org/calpirg](http://www.pirg.org/calpirg)

### **What to do when they ask for your Social Security Number**

<http://www.cpsr.org/cpsr/privacy/ssn/ssn.faq.html>

## Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit [ftc.gov/idtheft](http://ftc.gov/idtheft) to use a secure online version that you can print for your records.

### Before completing this form:

1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

### About You (the victim)

#### Now

- (1) My full legal name: \_\_\_\_\_  
First Middle Last Suffix
- (2) My date of birth: \_\_\_\_\_  
mm/dd/yyyy
- (3) My Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- (4) My driver's license: \_\_\_\_\_  
State Number
- (5) My current street address:  
 \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.  
 \_\_\_\_\_  
City State Zip Code Country
- (6) I have lived at this address since \_\_\_\_\_  
mm/yyyy
- (7) My daytime phone: (\_\_\_\_) \_\_\_\_\_  
 My evening phone: (\_\_\_\_) \_\_\_\_\_  
 My email: \_\_\_\_\_

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

#### At the Time of the Fraud

- (8) My full legal name was: \_\_\_\_\_  
First Middle Last Suffix
- (9) My address was: \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.  
 \_\_\_\_\_  
City State Zip Code Country
- (10) My daytime phone: (\_\_\_\_) \_\_\_\_\_ My evening phone: (\_\_\_\_) \_\_\_\_\_  
 My email: \_\_\_\_\_

Skip (8) - (10) if your information has not changed since the fraud.

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

**About You (the victim) (Continued)**

**Declarations**

- (11) 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.
- (12) I  did OR  did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- (13) 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 Fraud**

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: \_\_\_\_\_  
                    First                                      Middle                                      Last                                      Suffix

Address: \_\_\_\_\_  
                                    Number & Street Name                                      Apartment, Suite, etc.

\_\_\_\_\_   
                    City                                      State                                      Zip Code                                      Country

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Additional information about this person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(14):  
Enter what you know about anyone you believe was involved (even if you don't have complete information).



(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

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(14) and (15):  
Attach additional sheets as needed.

**Documentation**

(16) I can verify my identity with these documents:

- A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).  
*If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*
- Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

**About the Information or Accounts**

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) \_\_\_\_\_  
(B) \_\_\_\_\_  
(C) \_\_\_\_\_

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_

(19) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

(19):  
 If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

**Contact Person:**  
 Someone you dealt with, whom an investigator can call about this fraud.

**Account Number:**  
 The number of the credit or debit card, bank account, loan, or other account that was misused.

**Dates:** Indicate when the thief began to misuse your information and when you discovered the problem.

**Amount Obtained:**  
 For instance, the total amount purchased with the card or withdrawn from the account.

## Your Law Enforcement Report

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

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.

(20):  
Check "I have not..." if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable..." if you tried to file a report but law enforcement refused to take it.

*Automated report:*  
A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a face-to-face interview with a law enforcement officer.

\_\_\_\_\_  
Law Enforcement Department State

\_\_\_\_\_  
Report Number Filing Date (mm/dd/yyyy)

\_\_\_\_\_  
Officer's Name (please print) Officer's Signature

\_\_\_\_\_  
Badge Number (\_\_\_\_) Phone Number

Did the victim receive a copy of the report from the law enforcement officer?  Yes OR  No

Victim's FTC complaint number (if available): \_\_\_\_\_

## Signature

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

- (21) 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

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

## Your Affidavit

- (22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit.

\_\_\_\_\_  
Notary

### Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number



# Annual Credit Report Request Form

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies, Equifax, Experian and TransUnion.

For instant access to your free credit report, visit [www.annualcreditreport.com](http://www.annualcreditreport.com).

For more information on obtaining your free credit report, visit [www.annualcreditreport.com](http://www.annualcreditreport.com) or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies. The following information is required to process your request. Omission of any information may delay your request.

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to:

Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples listed below:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9

Social Security Number:

 -  - 

Date of Birth:

 /  / 

Month

Day

Year

Fold Here

Fold Here

First Name

M.I.

Last Name

JR, SR, III, etc.

Current Mailing Address:

House Number

Street Name

Apartment Number / Private Mailbox

For Puerto Rico Only: Print Urbanization Name

City

State

ZipCode

Previous Mailing Address (complete only if at current mailing address for less than two years):

House Number

Street Name

Fold Here

Fold Here

Apartment Number / Private Mailbox

For Puerto Rico Only: Print Urbanization Name

City

State

ZipCode

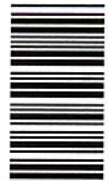
Shade Circle Like This →

Not Like This →

I want a credit report from (shade each that you would like to receive):

- Equifax
- Experian
- TransUnion

Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your Social Security Number.



If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.

Your request will be processed within 15 days of receipt and then mailed to you.

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***SAMPLE LETTER TO CREDIT BUREAU***

Date

Your Name

Your Address

Your City, State Zip Code

Complaint Department

Equifax

P.O. Box 740241

Atlanta, GA 30374-0241

OR

National Consumer Assistance Center

Experian

P.O. Box 9532

Allen, TX 75013

OR

Fraud Victim Assistance Department

TransUnion

P.O. Box 6790

Fullerton, CA 92634-6790

Dear Sir or Madam:

I am writing to dispute the following information in my file. The items I dispute also are circled on the attached copy of the report I received. **(Identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgement, etc.)**

I am a victim of identity theft, and did not make the charge(s). I am requesting that the item(s) be blocked to correct my credit report.

Enclosed are copies of **(describe any enclosed documents)** supporting my position. Please investigate this **(these)** matter(s) and block the disputed item(s) as soon as possible.

Respectfully,

Your name

Enclosures: **(List what you are enclosing)**

***SAMPLE LETTER TO CREDITOR ON EXISTING ACCOUNT***

Date

Your Name

Your Address

Your City, State Zip Code

Your Account Number

Name of Creditor

Billing Inquiries

Address

City, State Zip Code

Dear Sir or Madam:

I am writing to dispute a fraudulent **(charge or debit)** attributed to my account in the amount of \$ \_\_\_\_\_. I am a victim of identity theft, and did not make this **(charge or debit)**. I am requesting that the **(charge be removed or the debit reinstated)**, that any finance and other charges related to the fraudulent amount be credited as well, and that I receive an accurate statement.

Enclosed are copies of **(use this sentence to describe any enclosed information, such as police report)** supporting my position. Please investigate this matter and correct the fraudulent **(charge or debit)** as soon as possible.

Respectfully,

Your Name

Enclosures: **(List what you are enclosing)**



***SAMPLE LETTER TO CREDITOR ON NEW ACCOUNT***

Date

Your Name

Your Address

Your City, State Zip Code

Your Account Number

Name of Creditor

Fraud Department

Address

City, State Zip Code

Dear Sir or Madam:

I am writing to dispute an account opened fraudulently in my name. I am a victim of identity theft, and did not open account number **(give number of fraudulent account)**. I am not responsible for any charges made to this account.

Enclosed are copies of **(use this sentence to describe any enclosed information, such as police report, ID Theft Affidavit, Request for Fraudulent Account Information forms)** supporting my position. I am now requesting copies of any documentation, such as applications and transaction records, showing the transactions on this (these) fraudulent account(s).

Respectfully,

Your Name

Enclosures: **(List what you are enclosing)**