

## Identity Theft Affidavit

To make certain you do not become responsible for the debts incurred by the identity thief, you must provide proof that you didn't create the debt at Huntington where accounts were opened or used in your name.

### Documentation Required

To process your request for documentation, the following items are required:

1. This completed, signed and notarized Identity Theft Affidavit.
2. Two forms of identification. One must be an un-expired, government issued photo ID.
3. A copy of the report you filed regarding the identity theft with the police or sheriff's department.
4. Proof of residency during the time the disputed bill occurred, the loan was made or other event took place.

### Victim Information

- 1 Full Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)
- 2 (If different from above) Full legal name when the events described in this affidavit took place:  
\_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)
- 3 Date of Birth \_\_\_\_\_  
(Day / Month / Year)
- 4 Social Security # \_\_\_\_\_
- 5 Current Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
- 6 At Current Address Since \_\_\_\_\_  
(Month / Year)
- 7 (If different from above) When the events described in this affidavit took place, my address was:  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
- 8 Dates at Last Address \_\_\_\_\_  
(Month / Year) to (Month / Year)
- 9 Daytime Phone Number \_\_\_\_\_ ( ) -
- 10 Evening Phone Number \_\_\_\_\_ ( ) -

**Declaration of Identity Theft**

As a result of the event(s) in this affidavit,

- the following account(s) was/were opened at Huntington in my name, without my knowledge, permission, or authorization using my personal information or identifying documents:

Account Number	Type of Unauthorized Credit/Goods/Services	Date Issued or Opened	Amount/Value

- the following transaction(s) occurred on my account without my knowledge, permission, or authorization:

Account Number	Type of Unauthorized Transaction	Transaction Date	Amount/Value

I am requesting a copy of the following transaction(s) on the above referenced account(s):

- A copy of the transactions listed in the table above.
- A copy of the transactions listed below:

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**How the Fraud Occurred**

Check all that apply:

- I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
- I did not receive any benefit, money, foods, gifts, or services as a result of the events described in this report.
- My identification documents (for example, credit cards; birth certificate; driver's license, Social Security Card: etc.) were  stolen  lost on or about \_\_\_\_\_ (Day / Month / Year).

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

- To the best of my knowledge and belief, the following person(s) used my information (for example, my name; address; date of birth; existing account numbers; Social Security number; mother's maiden name, etc.) or identification documents to get money, credit, loans, goods, or services without my knowledge or authorization:

Name (If Known)	Name (If Known)
Address (If Known)	Address (If Known)
Phone Number(s) (If Known)	Phone Number(s) (If Known)
Additional Information (If Known)	Additional Information (If Known)

- I do NOT know who used my information or documents to get money, credit, loans, goods or services without my knowledge or authorization.
- Additional Comments: (For example, description of fraud, which documents or information were used, and how the identity thief gained access to your information.)

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**Signature**

I declare under penalty of perjury that the information I have provided in the affidavit is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature) (Date Signed)

**Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.**

\_\_\_\_\_  
(Notary)

Bank Use Only				
Primary ID Type	State/County/Country of Issuance	Date Issued	Date Expired	Identification Number
Secondary ID Type	State/County/Country of Issuance	Date Issued	Date Expired	Identification Number
Date Received:		Date Requested Documents Mailed:		