



## **AFFIDAVIT OF CRIME VICTIM** *INSTRUCTIONS*

Attached is the Affidavit of Crime Victim that must be completed in order to return your account to our Merchant as uncollectible and/or pursue another party for the associated debts.

All information on the Affidavit must be completed to be considered valid. Upon completion of the Affidavit, take the unsigned form to a local Notary (Banks and Law Firms generally have them available for a small fee) and have them witness your signature and complete the Notary portion of the form.

Once completed, please mail the ORIGINAL Affidavit, as well as:

- A copy of your state-issued identification (driver's license);
- A copy of the Police Report showing the criminal activity as being reported; and
- Any other associated documentation that supports your claim.

Mail all of these documents to:

CHECK RITE SYSTEMS  
PO Box 1133  
DICKINSON, ND 58602-1133

Upon receipt of these documents, we will review the claim. If the claim is found to be valid, we will remove the debt from your responsibility and either 1) return the claim to our client for final resolution; and 2) pursue the party responsible for the occurrence of the debt.

If you have any questions, please contact our offices at 701.214.4123.

Sincerely,

Check Rite Systems, LLC



CHECK RITE SYSTEMS

### AFFIDAVIT OF CRIME VICTIM

The following affidavit claim is for:  Lost or Stolen Check Numbers \_\_\_\_ to \_\_\_\_  
 Counterfeit Check Numbers \_\_\_\_ to \_\_\_\_  
 Forged Name or Identity: \_\_\_\_\_  
 Forged Bank Account Number: \_\_\_\_\_  
 Forged Address: \_\_\_\_\_

<p align="center"><b><u>FINANCIAL INSTITUTION INFORMATION</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Bank Routing No: _____</p>	<p align="center"><b><u>POLICE REPORT (attach copy)</u></b></p> <p>Police Dept: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Case No: _____</p> <p>Officer: _____</p> <p>Contact: _____</p>
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<p align="center"><b><u>BANK ACCOUNT HOLDER (PRIMARY)</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>State ID (D/L): _____</p> <p>Issuing State: _____</p> <p>SSN: _____</p> <p>Mother's Maiden Name: _____</p> <p>Signature: _____</p>	<p align="center"><b><u>BANK ACCOUNT HOLDER (SECONDARY)</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>State ID (D/L): _____</p> <p>Issuing State: _____</p> <p>SSN: _____</p> <p>Mother's Maiden Name: _____</p> <p>Signature: _____</p>
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Additional Information: \_\_\_\_\_  
 \_\_\_\_\_

IF YOUR ACCOUNT REMAINS OPEN, PLEASE ATTACH A COPY OF A VOIDED CHECK. FAILURE TO PROVIDE REQUESTED INFORMATION AND/OR DOCUMENTATION WILL RESULT IN THE DRIVER'S LICENSE AND ACCOUNT INFORMATION REMAINING NEGATIVE AND THE INABILITY TO PAY BY CHECK AT ANY OF OUR SUBSCRIBING LOCATIONS NATIONWIDE, AS WELL AS, OTHER CONTINUED COLLECTION ACTIVITIES.

I swear that the information contained in this document is true and accurate.

\_\_\_\_\_  
CONSUMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_  
 who is personally known to me or has produced \_\_\_\_\_ as  
 identification (please provide identification type & number).

**NOTARY SEAL or STAMP BELOW**

\_\_\_\_\_  
SIGNATURE OF NOTARY

\_\_\_\_\_  
PRINTED NAME OF NOTARY

\_\_\_\_\_  
COMMISSION EXPIRES / COMMISSION NUMBER