

## **Extended Fraud Alert Request Form**

	☐ Activate Fraud Aler		☐ Remove Fraud		Alert		
t. Plea	or remove an extended fr se mail the form with a cop opy of one item from each	py of a valid po	lice report or				orint
Passp	er's License • Social S sport • Pay Stu		ecurity Card • b with SSN		Current Address  Outility Bill with Address and Your Name  Pay Stub with SSN		
_ast Na	ame		First Name		Initial	Suffix	
Curren	t Address	·	City		State	Zip	
Previou	us Address		City		State	Zip	
Maider	Name or other Last Nam	<u>е</u>					
Social	 Security Number	// Date of Birth	<u> </u>	Driver's License N	umber	State	
n the e	event a creditor needs to c	ontact me, plea	ase use the te	elephone numbers I	provide	below:	
Home Phone C		Cell Phone		Work Phone			
Зу sigr	ning below, I certify that I a	m requesting a	n extended fi	aud alert on my pe	rsonal cı	edit report.	
Signature			Date				
Please	send this form, via US N	Mail, along wit	h all the requ	uired documents to	o:		
Mail: FactorTrust, Inc. Phone: 8 P.O. Box 390 Woodlyn, PA 19094			844-773-332	11			