



Unauthorized Transfer Form

Upon completion of this form, please submit to fraudcenter@getevolved.com

General Contact Information

1. My full legal name is _____
(First) (Middle) (Last) (Jr., Sr., III)
2. My email address is _____
3. My daytime telephone number is _____

How The Fraud Occurred

Check all that apply:

4. I did not authorize anyone to use my name or personal information to send money, goods or services described in this report.
5. I did not receive any benefit, money, goods or services as a result of the transactions described in this report.

Use this section to document unauthorized transaction(s) transferred from your account:

Sender Name/ Account Number	Receiver Name/ Account Number	Transaction Date	Amount	Transaction Identifier (ACH Trace ID or Wire IMAD)

NOTE: If a transfer has been scheduled to an Evolve Bank & Trust account from your bank account, you will need to contact your bank to file a dispute on your behalf. Evolve Bank & Trust will not be able to share information related to the Evolve account holder, or the transaction. All contact must be initiated by your bank.

Your bank must submit a Letter of Indemnity (LOI) or Hold Harmless to email achrequest@getevolved.com, or fax to **901.328.5640**.

Upon completion of this form, please submit to fraudcenter@getevolved.com. Additionally, you should report the fraudulent transaction to IC3.gov and FTC.gov.

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