



# Oklahoma Bankers Association

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## Fraud Reporting Form

Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Web site address: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Street/P.O. Box City/Zip

Amount of Loss (If applicable): \$ \_\_\_\_\_

Date(s) of Offense: \_\_\_\_\_

Bank Phone #/Fax: \_\_\_\_\_

Contact at Bank: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**Brief description of the facts (Please print legibly or type):**

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**Please fax this form to Elaine Dodd at 405-424-4518**