



Oklahoma Bankers Association

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):

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