

Affidavit of Check/Account Fraud

Member Name _____ Account # _____ Date _____

<input type="checkbox"/> Signature Forged	<input type="checkbox"/> Endorsement Forged	<input type="checkbox"/> Counterfeit	<input type="checkbox"/> Altered	<input type="checkbox"/> Unauthorized Draft	<input type="checkbox"/> Other
My signature on the face of the check(s) listed below is a forgery. I did not sign the check(s) and I did not authorize the signature.	My endorsement on the back of the check(s) listed below is forged, missing, or incorrectly endorsed. I did not sign the check(s) and I did not authorize the signature(s).	The check(s) are an imitation of checks drawn on my account. I did not create, sign or authorize the creation or signatures of the checks listed below.	The check(s) below have unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the check(s).	<input type="checkbox"/> I did not authorize or approve the creation or payment of this item <input type="checkbox"/> Bill Pay Withdrawal <input type="checkbox"/> Remotely Created Check	<input type="checkbox"/> Non-receipt of Funds <input type="checkbox"/> Over the Counter Withdrawals (Provide details of transaction Below) <input type="checkbox"/> Wire

Please include the following information for each fraudulent check and/or transaction:

**If you have more than 3 checks to list please use blank sheets. If the check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available).*

CHECK #	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)
EXPLAIN:			
CHECK #	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)
EXPLAIN:			
CHECK #	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)
EXPLAIN:			

CLAIM TOTAL _____

Please provide us with the following information to assist us in our investigation. Include any names of individuals you believe may be involved and contact information, including addresses, phone numbers, etc.

- Do you know or suspect any person(s) who may have committed the theft/unauthorized use? Yes No
 - If yes, who? _____
 - Has this person previously signed your name on any checks or other items? Yes No
 - If yes, describe the circumstances, including when. _____
- Have you carefully examined all of the items in question? Yes No
- Have you ever authorized anyone on your behalf, either orally or in writing, to sign, endorse or alter said item?

- When did you become aware that forged/unauthorized items were paid on your account and what action(s) did you take, if any?

- If checks are involved, did you have your checkbook on the date the item was written? Yes No
 - On the date the forgery was discovered? Yes No
 - Is the checkbook in your possession now? Yes No
- Has this or a similar situation happened to you before? Yes No

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a. If yes, describe what happened and any suspects involved. _____

Have you reported the stolen/forged/unauthorized item(s) to the police? Yes No

a. If yes, Name and Location of law enforcement agency. _____
Officer Name _____ Report # _____

7. Are you aware of any other pertinent information not included in this document Yes No

a. If yes, describe what it is. _____

BY SIGNING BELOW, YOU ARE MAKING THE FOLLOWING DECLARATIONS:

- I did not receive any benefit or value from the proceeds of the check(s) (or transactions) listed in this form.
- I have not arranged with the person(s) who misused the item(s) listed in this form to be reimbursed for any portion of the proceeds of the item(s).
- I have not authorized anyone, either orally or in writing, to act on my behalf by writing, signing, endorsing or altering the items in question.

I understand this forgery is subject to investigation by local, state, and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.

Please sign your name five times: _____

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE AND ACCURATE.

Member Signature (If a business account, include your title)	Date
Member Address	Phone Number

PAYEE/ENDORSER SIGNATURE (FORGED ENDORSEMENT CLAIMS ONLY)

Signature of Payee/Endorser (If a business account, include your title)	Date
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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____
COUNTY OF: _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____ by _____
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary

(Seal)

For Credit Union Use Only:

Associate Name _____ Date _____ FC# _____

Member Number or Account Number Changed? _____