

Affidavit of Check Fraud

Name _____

Address _____

City, State, Zip _____

Phone Number(s) Home () _____ Work () _____

<input type="checkbox"/> Signature Forged <i>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.</i>	<input type="checkbox"/> Endorsed Forged <i>My endorsement on the reverse of the check(s) listed below is a forgery, missing or not as drawn. I did not endorse the check(s) and I did not authorize the endorsement.</i>	<input type="checkbox"/> Counterfeit <i>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 check(s) listed below.</i>	<input type="checkbox"/> Altered / Unauthorized <i>The check(s) listed below have unauthorized alterations and / or amounts. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the check(s)</i>	<input type="checkbox"/> Other <i>(Explanation on attached piece of paper)</i>
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- If the check was altered or unauthorized, including the stated amount on the check, please use two lines and include the “as written” or “as authorized”, check information, as well as the “as paid”, information
- If you are claiming more than 1(one) check as “Endorsement Forged” or as “unauthorized”, please make photocopies of this form and submit each check with a separate affidavit page.

Check#	Date	Amount	Made Payable to:

BY SIGNING BELOW, YOU ARE MAKING THE FOLLOWING DECLARATIONS:

- **The statement(s) indicated above are true.**
- **I did not receive any benefit or value from the proceeds of the check(s) listed above.**
- **I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).**
- **I will cooperate in any investigation, promptly disclose any information requested by the Bank and if necessary, prosecute the wrongdoer.**
- **I will testify to the truth of these statements in any case which may result from this affidavit.**
- **All information I have provided in this document is true.**

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

Signature and Title Claimant (Maker)	Date
Address of Claimant	Phone Number

IF FORGED, MISSING OR NOT ENDORSED AS DRAWN - PAYEE / ENDORSER MUST SIGN BELOW

Signature and Payee / Endorser	Date
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<p>Notary Information</p> <p>State of _____ County of _____</p> <p>Subscribe and sworn before me this _____ day of _____, _____</p> <p>My Commission Expires _____</p> <p>Notary Signature _____</p>	<p>(Notary Seal)</p>
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