



Affidavit of Unauthorized/Altered or Forged Check

CLAIMANT INFORMATION

Name:	Day Phone:	Account #:	
Address:	City:	State:	Zip:

CHECK INFORMATION

Post Date:	Check Number:	Check Amount:
Maker:	Payee:	

REASON FOR CLAIM

- Maker's Signature Forged:**
The maker's signature on the Item listed above, and examined by me, is a forgery. I did not sign the Item nor did I authorize any other person to sign my name on the item. _____(Initial Here)

 _____ Sign your name five times.

- Endorsement Forged:**
The endorsement of _____ on the Item listed above, and examined by me, is a forgery. I did not endorse the Item nor did I authorize any other person to endorse the Item on my behalf. _____(Initial Here)
I did not receive any benefit or value from the proceeds of the check, withdrawal, deposit, or deposited item nor were any proceeds applied to any use or purpose on my behalf. _____(Initial Here)
I have not arranged with the person(s) who misused the item to be reimbursed for any proceeds of check, withdrawal or deposited item. _____(Initial Here)

- Check Amount Altered:**
The amount of the above Item was altered from the original amount of \$ _____ to \$ _____. I did not alter the amount of the Item nor authorized the altering. I received no benefit from the altered Item in excess of the original amount, nor was any part of the excess amount applied to any use of purpose on my behalf. _____(Initial Here)

- Payee Name Altered:**
The payee's name on the above described Item has been changed. This Item was originally made payable to _____ and was altered to be made payable to _____. I did not alter the payees name nor authorized the alteration. _____(Initial Here)

- Counterfeit Check:**
The above described Item bearing my account information is a replication that was not issued by me. _____(Initial Here)

Unauthorized Check Draft:

I did not authorize a draft on my account for the Item described above. _____(Initial Here)

Missing Endorsement or Improper Endorsement:

Payee on the above-described Item did not receive the funds nor benefit from this Item.

_____ (Initial here)

DESCRIPTION OF INCIDENT

The following description contains all the information that I have concerning the above claim.

How did you discover the check fraud on your account? How were the checks lost, stolen, obtained or compromised? Do you have any suspects? If yes, what is/are their name(s)? What is your relationship or how do you know the suspect? If, at a

Attach original check or check copy

Police Report:

Case #

Agency:

Detective Name:

Claimant is responsible for providing the Credit Union with a copy of the Police Report.

SIGNATURE(S) AND AFFIDAVIT

I give my consent to Vantage West Credit Union to release any information regarding this transaction(s) to any local, state and /or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for this unauthorized transaction. Further, I may be required to comply with a court order

any person(s) who may be responsible for the administration of this affidavit, they are required to comply with a subpoena or subpoena to give testimony. I swear that this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fine and /or imprisonment.

Claimant Signature: _____ **Date:** _____
Claimant Signature : _____ **Date:** _____

NOTARY:

State of : _____ County Of: _____

Subscribed and sworn before me

on the _____ day of _____, 20____

Signature: _____

My commission expires on: _____

Employee Assisting the Member

Employee ID # and Branch: _____ **Date:** _____