



(888) 354-6228  
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# Affidavit of Cashier's Check Fraud

## Claimant Information

Claimant Name:	Membership Number (if applicable):	Share Number (if applicable):
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## Please select the appropriate box:

**Signature Forged:** The signature on the face of the cashier's check listed below is a forgery. I did not sign the check and I did not authorize the signature.

**Endorsement Forged:** My endorsement on the back of the cashier's check listed below is forged, missing, or incorrectly endorsed. I did not sign the check and I did not authorize the signature.

**Counterfeit:** The cashier's check is an imitation of a cashier's check. I did not create, sign or authorize the creation or signatures of the check listed below.

**Altered:** The cashier's check below has unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the cashier's check.

**Other:**

## Please include the following information on the fraudulent cashier's check:

\*If the check is ALTERED, please provide details in the box below of the originally issued item - Check #, Date, Amount, Payee.

Original Check #	Original Check Date	Original Check Amount \$
Original Payee Name		
Altered Check #	Altered Check Date	Altered Check Amount \$
Altered Payee Name		
Additional Information <small>(include date when you became aware of theft/unauthorized use)</small>		

## 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.

1. Do you know or suspect any person(s) who may have committed the theft/unauthorized use? Yes    No
  - a. If yes, provide person(s) name and relationship.  
Describe why you suspect such person(s).
  - b. Has this person previously signed your name on any checks or other items? Yes    No  
If yes, describe the circumstances, including when.

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2. Have you carefully examined all of the items in question? Yes    No

3. Have you ever authorized anyone on your behalf, either orally or in writing, to sign, endorse or alter said items? If yes, provide person(s) name and relationship.	Yes	No
4. Once aware of theft/unauthorized use, what action(s) did you take, if any?		
5. Has this or a similar situation happened to you before? If yes, describe what happened and any suspects involved.	Yes	No
6. Have you reported the theft/unauthorized use to the police? If yes, provide name and location of law enforcement agency.	Yes	No
Officer Name _____ Report # _____		
7. Are you aware of any other pertinent information not included in this document?  If yes, describe what it is.	Yes	No

**By signing below you are making the following declarations:**

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

**I declare under the penalty of perjury that the above is true and accurate.**

Claimant Signature	Date	If a business, include business name and title
Claimant Address		Phone #
<b>Payee/Endorser signature</b> (Forged endorsement claims only)		
Signature of Payee/Endorser	Date	If a business, include business name and title

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.	
(Seal)	Signature of Notary

**FOR CREDIT UNION USE ONLY**

Department Name/Number	Associate Name/Teller #	Date
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**ACCOUNTING USE ONLY**

Approved by	Date
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