

Affidavit of Check/Account Fraud

Account Information

Member Name:	Membership Number:	Share Number:
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Please select the appropriate box:

<p>Signature Forged: 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.</p> <p>Endorsement Forged: 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).</p> <p>Counterfeit: 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.</p> <p>Altered: 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).</p> <p>Unauthorized Draft: I did not authorize or approve the creation or payment of this item. Bill Pay Withdrawal Remotely Created Check</p> <p>Other: Non-receipt of Funds Over the Counter Withdrawals (Provide details of transaction below)</p>

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

*If you have more than 3 items to list please check the box below, and include additional items in a separate document. If the check is ALTERED, please provide details in the box below of the originally issued item - Check #, Date, Amount, Payee (include the carbon copy of the check with the claim if possible).

Check #	Date	Amount \$	Made Payable to (transaction information)
Additional Information <small>(include date when you became aware of theft/unauthorized use)</small>			
Check #	Date	Amount \$	Made Payable to (transaction information)
Additional Information <small>(include date when you became aware of theft/unauthorized use)</small>			
Check #	Date	Amount \$	Made Payable to (transaction information)
Additional Information <small>(include date when you became aware of theft/unauthorized use)</small>			
I have more than 3 items. Separate document is attached.			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, provide person(s) name and relationship.
Describe why you suspect such person(s).
 - 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 items? Yes No
If yes, provide person(s) name and relationship.

4. Once aware of theft/unauthorized use, what action(s) did you take, if any?

5. If checks are involved, did you have your checkbook on the date the item was written?	Yes	No
a. On the date the theft/unauthorized use was discovered?	Yes	No
b. Is the checkbook in your possession now?	Yes	No

6. Has this or a similar situation happened to you before? Yes No
 If yes, describe what happened and any suspects involved.

7. Have you reported the theft/unauthorized use to the police? Yes No
 If yes, provide name and location of law enforcement agency.

Officer Name	Report #
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8. Are you aware of any other pertinent information not included in this document? Yes No
 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 is true and accurate.

Member Signature	Date	If a business account, include title
Member Address		Phone #
Payee/Endorser signature (Forged endorsement claims only)		
Signature of Payee/Endorser	Date	If a business account, include 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
Account Number Changed or Share Closed Yes No If no, please explain:		