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Check Fraud Affidavit

CLAIMANT INFORMATION				Member Number	
Member Name					
Street Address		Phone			
City, State, Zip		Email Address			
DESCRIPTION OF CHECK					
Check Number		On the instrument I am named as the (check appropriate box):			
Check Amount		☐ Payee/Endorser (on the back of the check)			
Date on Check		☐ Maker (on the face of the check)			
Payable To		☐ Other (specify):			
COMPLETE AS APPLICABLE					
Altered Check ☐ Amount was Altered: The amount of the item described above was changed from the original amount. I did not change the amount of the item or authorize such alteration. Original Amount: Altered Amount:			Forged/Missing Endorsement - I did not endorse the check, nor did I authorize anyone to endorse the check on my behalf. ☐ Missing Endorsement (sign name five (5) times on back of form) ☐ Forged Endorsement Do you know who forged the endorsement? ☐ Yes ☐ No		
☐ Payee was Altered: The Payee's name on the item described above was altered to make it payable to the person described as Altered Payee below. I did not alter Payee's name or authorize such alteration. Original Payee: Altered Payee:			☐ Counterfeit Item - I did not endorse the check, nor did I authorize anyone to endorse the check on my behalf. ☐ Remotely Created Check - I did not authorize the remotely created check described above.		
☐ Addition Made to Check (explain):					
VICTIM STATEMENT (detailed information about how the theft/forgery occurred, attach letter as necessary)					
Police Report Filed: ☐ Yes ☐ No		Law Enforcement Department		Case Number	Officer Name
					Phone Number
ACCEPTANCE OF AGREEMENT					
Claimant Certifies: - I did not authorize or otherwise approve of the alteration(s) or forgery on the above referenced item. - I did not directly or indirectly receive any benefit or value from the proceeds of the item. - I have not arranged or communicated with the person(s) who misused the item(s) to be reimbursed from any of the proceeds. - I promise to cooperate with and testify or certify to the truth of all applicable statements in this statement before any judge, officer of a court, insurance company or other person, in any case or claim now pending or which may occur regarding this statement. - I understand this fraud is subject to investigation by local, state, and federal law enforcement agencies. I agree to comply with a court order or subpoena to give testimony. - Under penalty of perjury, I declare the information in this Affidavit is true and complete.					
Claimant Signature				Date	
NOTARY ACKNOWLEDGEMENT					
State of _____ County of _____ On this day _____ before me, _____ (Name of Notary Public), personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. Witness my hand and official seal. Notary Public Signature: _____ My commission expires: _____					

(seal)