Affidavit of Check Fraud

Mid-Atlantic Federal Credit Union

Name
Address
City, State, Zip
Phone Number: Home Work Cell

☐ **Signature Forged**	☐ **Endorsed Forged**	☐ **Counterfeit**	☐ **Altered/ Unauthorized**	☐ **Other**
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.	My endorsement on the reverse of the check(s) listed below is a forgery, missing, or not as drawn. I did not sign the check(s) and I did not authorize the signature.	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.	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).	(Explanation on attached piece of paper)

- 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 check as "Endorsement Forged" or as "unauthorized" please make photocopies of this form and submit each check with a separate signed 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	Date
Address of Claimant	Phone Number

PAYEE/ENDORSER SIGNATURE (FORGED ENDORSEMENT CLAIMS ONLY)

Signature of Payee/Endorser	Date

Notary Information

State of_____ County of _____

Subscribe and sworn before me this_____ day of_____, (year)_____

My Commission Expires _____

Notary Signature _____

(Notary Seal)