

Fraud Affidavit – Altered Checks

Account Title:	Account Number:	Branch Number:

Check Number	Posting Date	Amount	Payee

X Select Type of Alteration(s)	From	To
<input type="checkbox"/> Amount was Altered	\$	\$
<input type="checkbox"/> Payee was Altered		
<input type="checkbox"/> Issue Date was Altered		

STATEMENT OF FACTS: TO BE COMPLETED BY CLAIMANT

Describe in detail the circumstances of the fraudulent activity and how you became aware of it. For example, consider how someone could have obtained your checks and/or identification. Was your home or office burglarized? If more space is needed, feel free to attach additional sheets of paper.

I suspect the following person(s) of having misused the item described on this affidavit:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Are you willing to prosecute? Yes _____ No _____

Did you file a police report? Yes _____ (Please include a copy) No _____ (We may ask you to file one)

Name of Law Enforcement Agency: _____ Case Number: _____

Detective's Name: _____ Phone Number: _____

Did you close the affected account? Yes _____ No _____

Since it is possible your checks have been copied, or other fraudulent items bearing your account name and number may appear in the future, we strongly recommend you close the affected account if you have not already done so. If you choose not to close your account, you may suffer subsequent losses on the account due to forgery or other fraud.

Send completed form to The Fraud Officer – Denise O'Neal

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BY SIGNING BELOW, I AM MAKING THE FOLLOWING DECLARATIONS:

- 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 investigations, promptly disclose any information requested by the Credit Union, and if necessary, cooperate fully with any prosecution.
- I will testify in any hearing, proceeding, or action to the truth of these statements in any case which may result from this affidavit.
- All of the information I have provided in this document is true.
- If this is a business account, I have the authority to provide and execute this affidavit on behalf of the business entity.

Claimant's Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Claimant's Title or Affiliation (if a business account): _____

STATE OF _____

COUNTY OF _____

Subscribed, sworn to (or affirmed), and acknowledge before me on this _____ day of _____, 20 _____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me. The person is personally known to me or has produced _____ as identification.

Signature of Notary Public: _____

Print or Type Notary's Name: _____, Notary Public

My Commission Expires: _____

Date: _____ (Official Seal)

Identification of the credit union associate receiving this form from the claimant:

Print Associate Name: _____

Department or Branch Name / Branch # _____/_____

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