

Unauthorized Check Affidavit

Personal Information:				
Member's Name:				
Member #:				
Account Relationship: (please check one) Account Owner Authorized signer (use for business account, POA, Executer, etc.)				
Checking Account #:				Item Amount: \$
Check #:			Date item posted to account:/	
Reason Check is Being Reported:				
I hereby state that the item listed above is: (Please check one)				
Signature Forged: My signature on the face of this item is a forgery. I did not sign the check or authorized the signature.				
Counterfeit: The check is an imitation of a check drawn on my account. I did not create, sign or authorize the creation of the check.				
Alteration: The date, amount, and/or payee have been changed; I have not directly or indirectly authorized anyone to make alterations to the check.				
Complete for the altered areas of the check:				
		Original		Changed to
	Date			
	Amount			
	Payee			
Signature:				
By signing below, you are making the following declarations:				
 I did not receive any benefit or value from the proceeds of the check listed above, nor have I arranged with the person who misused the check listed above to be reimbursed for any portion of the proceeds of the check. I will cooperate in any investigation and promptly disclose any information requested by the credit union. I will cooperate fully with any prosecution and will testify to the truth of these statements in any case which may result from this form. In the event that the item is rejected by the bank of first deposit I agree to complete said institutions affidavit of forgery, which can be requested up to one year from date of original fraud claim. I agree to provide an original, notarized form. 				
I declare u	nder penalt	y of perjury that the above stated is true.		
Name:				Date:/
Signature:				



