Affidavit of Check Fraud

Section 1: Please fill out all information Name of person filing the claim: Street Address: City: _____ State: ____ Zip Code: _____ Daytime Phone Number: Tower Account Number: ☐ If your claim involves multiple checks, attach one affidavit per check claim and mark this box Section 2: Provide Information about the original check Check Number Check Date Payable To Check Amount Do you know who perpetrated the fraud? Provide name, address, relationship, etc. Section 3: Sign this form in the presence of a notary public By signing this affidavit, I confirm that I did not receive any benefit or value from the proceeds of the check listed above. I have not arranged with the person(s) who negotiated the check to be reimbursed. I understand Tower Federal Credit Union will investigate the claim(s) made in this affidavit, and I agree to fully cooperate with Tower and/or any law enforcement agency in their efforts to pursue any civil or criminal actions against any person associated with the above activity. I understand that if I refuse to cooperate, I will forfeit any claim to reimbursement from Tower. Under penalty of perjury, I affirm that the information in this affidavit is true. Affiant Signature Affiant Name Today's Date SWORN AND SUBSCRIBED before me, the undersigned authority, on the day of 20 . Notary Public [Notary Seal] State of My commission expires FOR FRAUD DEPARTMENT USE ONLY Mark the box next to the reason for the claim: Remotely Created Draft: I did not authorize the issuance of the electronic check, and/or did not authorize the amount stated on the check, and/or did not authorize a check to the payee listed on the check ☐ Counterfeit or forged maker personal check, or unauthorized cashier's check Improper or Missing Endorsement: The endorsement does not match the payee on the check Altered Check: The original payee was changed from: , and/or the original amount was changed from:

to: