

Affidavit of Check Fraud

Section 1: Please fill out all information.

Name of person filing the claim: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Account: _____

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	Amount	Payable To
--------------	------------	--------	------------

Mark the box next to the reason for your claim.

- Remotely Created Draft: I did not authorize the issuance of the check in the amount stated on the check to the payee stated on the check
- Unauthorized cashier's check(s) or counterfeit, stolen or forged check(s) clearing my account
- Improper Endorsement: The endorsement does not match the payee on the check
- Missing Endorsement: Check not endorsed (payee non-receipt of funds)
- Endorser Altered Check: I (Maker) did not alter the check or grant permission to alter this check, but the payee was changed to (fill in here): _____ from _____
And/or the amount was changed to (fill in here): _____ from _____

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 conduct an investigation into the claims 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 Name

Affiant's Signature

Today's Date

ASWORN AND SUBSCRIBED before me, the undersigned authority, on the _____ day of _____, _____

(Notary Public)

[Notary Seal]

State of:

My commission expires: _____

