

Printed:
Employee Name:

ALTERATION/ FORGERY/ UNAUTHORIZED SIGNATURE AFFIDAVIT

Date: Account No.:

Name:
Address:

The Undersigned, hereinafter called "Customer", states and affirms:

Alteration:

The check(s) described below were altered without his or her knowledge or approval in the manner indicated; Customer did not participate in the alteration of the check(s) or receive the proceeds thereof or any value or benefit therefrom.

OR

Forgery:

The forged signature or endorsement was made without his or her knowledge or approval; Customer did not participate in the negotiation of check(s) or receive the proceeds thereof or any value or benefit therefrom.

Customer:

- Does not know who may have committed this crime.
- Believes this crime was committed by Name:
Relationship: Employer:
- Has filed charges with the Police Department. Case #: Date of Filing:
- Has not filed charges with the Police Department.

Customer further states that he or she has the following knowledge or information concerning the alteration or negotiation of the checks or the forged signature or endorsement thereon: (If Customer has no knowledge, write "None".)

Date	Check #	Payee	Maker	Amount

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____



Signature _____
Customer

IF CHECK(S) CASHED: Teller #: Banking Center: