

## AFFIDAVIT OF FORGERY, ALTERATION, OR COUNTERFEIT CHECK(S)

				For Office Use Only: Draft	Lookup/Processor #	
	I AM EIRST DI II V SWORN	AND STATE THAT I	A AA •			
••	I AM FIRST DULY SWORN AND STATE THAT I AM:   Claimant Name Account Number					
	Complete Mailing Address					
	Phone number(s) PSECU m				_	
	, ,	•	•		Ext:	
			,,,o.u. (	/		
2.	THE CHECK(S) I AM DISP	UTING:				
	Date It/They Cleared Account	Check Number	Dollar Amount	Payable to (the "Payee")		
			\$			
			\$			
			\$			
	THE DE ( CO)   EQD ( ) \ DI					
<b>i.</b>		r any box I check belo no knowledge or infor	mation about the forged s	signature or the alteration or	lirectly, from any proceeds of the counterfeiting, except for any specific	
	☐ Maker Signature Forg					
	☐ The Maker's Sig	nature (person who w	rote/signed the check) w	as not authorized, is a forger	y, and was made without my	
	knowledge or co	onsent.				
	☐ Alteration:					
	☐ The Payee's nan	ne altered from		to		
	without my auth	norization and withou	t my knowledge or conser	nt.		
	☐ The dollar amou	ınt to be paid was alt	ered from original amoun	it \$	to \$	
	without my auth	norization and withou	t my knowledge or conser	nt.		
	☐ Counterfeit: The chec	ck(s) is counterfeit ar	nd was not authorized by i	me, nor was it made with my	knowledge or consent.	
	☐ Endorsement on the b	back of the check: YC	DU MUST SELECT A BOX E	BELOW.		
	☐ Forgery: The Pa	yee's signature (pers	on signed the back of the	check) was not authorized, is	s a forgery, and was made without my	
	knowledge or co					
	☐ Missing/Not as [	Drawn (Lacks proper e	endorsement(s) as require	ed.)		
	POLICE NOTIFICATION:					
r.	□ Police Dept. Name & Lo	ocation		Dh	none Number ( )	
	Officer's Name			<u> </u>	ent #	
	☐ I did not file a police re			-	ent #	
				her or not a settlement will b	ne offered	
	Tunderstand that choos	sing not to rite a potic	e report may arrect whet	ner or not a settlement witt b	e offered.	
5.	release any information regar any competent tribunal, offic Should I refuse to cooperate to me, in its entirety, inclu	rding this claim to any s cer, or person and will e in any aspect of such uding charging the am	uch agencies. I will testify, of fully cooperate in prosecuti investigation and prosecut ount of any settlement to	declare, or depose, or certify to ng the person or persons who fo ion, I understand that PSECU m any account I hold at PSECU.	nt agencies, and I give PSECU my consent to the truth of any or all of the foregoing befor orged, altered, or counterfeited the check(s) hay revoke any settlement it offered or pain I understand that making any false sword including fines and/or imprisonment.	
۱Α۱	KER SIGNATURE			PRINTED NAME		
۷۸۷	/EE SIGNATURE			PRINTED NAME		
	quired for endorsement claim)			FIGHTED NAME		
	•		١			
ıa	te of					
	_		) SS:			
OL	inty of		)			
wr	orn to (or affirmed) and subsc	rihed hefore me this	day of	.20 by		
	witness hereof, I hereunto set					

My commission expires on the \_\_\_\_\_day of \_\_

**NOTARY** 

## VOLUNTARY STATEMENT OF CIRCUMSTANCES

DESCRIBE THE CIRCUMSTANCES SURROUNDING THE FRAUDULENT ACTIVITY INCLUDING THE FOLLOWING:				
How were you alerted to the unauthorized activity?				
Information including locations, dates, and times of burglary/thefts associated with the fraudulent activity.				
Any additional information to support the claim.				
SIGNATURE	DATE			