



AFFIDAVIT OF FORGERY/ALTERED CHECK

AppleFCU.org

P.O. Box 888, Fairfax, VA 22038-0888 703-788-4800 Fax: 571-321-1973

Name: First	MI	Last	Suffix	Member No.
Address: Street		City	State	Zip Code
Home Phone No.	Work Phone No.		Mobile Phone No.	

ADDITIONAL NAMES RELATED TO ACCOUNT:

Name: First	MI	Last	Suffix
Name: First	MI	Last	Suffix

The check(s) listed below were neither written, nor authorized, by me or names related to the above mention account and are either forgery/alterd.
 (Note: Please list any additional items on back of this form.)

Amount	Date (MM/DD/YYYY)	Check No.
Amount	Date (MM/DD/YYYY)	Check No.
Amount	Date (MM/DD/YYYY)	Check No.

ON THE INSTRUMENT I AM NAMED AS THE:

Payee/Endorser (Signature on the back of the check)
 Maker (Signature on the face of the check)
 Other (specify) _____

I/We, the above named person(s), AND AFTER BEING DULY SWORN do state that I/we have reviewed the attached document and hereby state that the signature(s) on said document was neither written nor authorized by me/us and is a forgery. I/We will assist the appropriate authorities and/or the Credit Union personnel in any manner whatsoever in the investigation and/or prosecution of this matter.

I/We did not receive any benefits or proceeds as a result of the attached instrument. I/We acknowledge and affirm that the foregoing statement has been made of free will and accord and is being made for the express purpose of establishing the fact that my/our signature(s) is/are a forgery or the instrument(s) was/were altered without my/our knowledge.

PLEASE COMPLETE THE QUESTIONS ON THE BACK OF THIS FORM PRIOR TO SIGNING & NOTARIZING BELOW.

I/We have read the foregoing statement and acknowledge and affirm its truth and accuracy to the best of my/our belief and knowledge. I/We understand making a false sworn statement is subject to Federal and/or state statutes which may be punishable by fines and/or imprisonment.

Member's Signature ▶	Member's Signature ▶
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NOTARY PUBLIC INFORMATION:

Notarized in the state of _____ and in the county of _____.

The above affidavit was subscribed and sworn to before me by _____ on _____ Date (MM/DD/YYYY)

Notary Signature ▶	Date (MM/DD/YYYY)
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AFFIDAVIT OF FORGERY/ALTERED CHECK (con't)

QUESTIONS TO COMPLETE:

1. Do you know who forged your signature or altered the attached instrument? Yes No
If YES, please provide any information:

2. Does anyone have access to your account? Yes No
If YES, please provide any information:

3. Have you had your mail, home, car or personal information missing or stolen? Yes No
If YES, please provide any information:

4. Was the incident reported to law enforcement? Yes No
If YES, please provide the following (*a copy of the report is required*):

Case Number: _____ Police Dept: _____ Officer Name: _____

5. If checks were stolen, do you know what checks are missing? Yes No
If YES, please provide check numbers:
