

AFFIDAVIT OF FORGERY

(For Share Drafts)

MEMBER INFORMATION:

Cash Withdrawal Voucher Cash Withdrawal Voucher Cash Withdrawal Voucher Cash Note (including Co-maker forgery)	1.	I am first duly sworn and state I am -							
City, State, Zip Phone Number Home		Name							
Phone Number Home		Mailing Address							
2. The instrument(s) forged is/are a: (Check the appropriate box) Check Share Draft Coan Note (including Co-maker forgery)		City, State, Zip							
Check Share Dat Cash Withdrawal Voucher Cash Withdrawal Vouche		Phone Number	Home				Work		
Share Draft Loan Note (including Co-maker forgery)	2.	The instrument(s) for	ged is/are a: (Check th	e appropriate	box)				
On the instrument(s) I am named as the: (Check the appropriate box) Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher) Maker (on note or face of share draft/check) Conuleter (on a loan) Other (specify) This signature for each instrument(s) listed below and attached to this affidavit is not written not authorized by me and is a forgery. Date		☐ Share Draft	Share Draft						
Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher) Maker (on note or face of share draft/check) Comaker (on a loan) Other (specify) Other (specify)	3.	The instrument(s) is/a	/are drawn on						
Maker (on note or face of share draft/check) Country of	4.	On the instrument(s) l	On the instrument(s) I am named as the: (Check the appropriate box)						
Date Instrument Number Dollar Amount a) b) c) c) d. I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery. 7. Do you know who forged your signature?		☐ Maker (on note or face ☐ Comaker (on a loan)	ce of share draft/check)						
b)	5.								
c)		a)					<u> </u>		
6. I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery. 7. Do you know who forged your signature?		b)					_		
the fact that my signature is a forgery. Do you know who forged your signature?		c)					_		
8. Was this incident reported to the police?	6.			the instrume	nt(s) list	ed above. T	his affidavit is	made voluntarily for the purpose of establishing	
9. I give my consent to the credit union to release any information regarding my account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. 10. I swear this affidavit is true and understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment. NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime. State of	7.	Do you know who for	rged your signature?	□Yes	□No	If yes, pro	vide details on	a separate page or the back of this page.	
agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. 10. I swear this affidavit is true and understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment. NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime. State of County of Subscribed and sworn to before me this Day of 20	8.	Was this incident repo	orted to the police?	□Yes	□No	If yes, ple	ase provide de	partment info	
State of County of Subscribed and sworn to before me this Day of 20	9.	agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for							
NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime. State of County of Subscribed and sworn to before me this Day of 20	10.			making a fals	se sworn	statement is	subject to fede	eral and/or state statutes and may be punishable by	
Sign your name five times: State of County of Subscribed and sworn to before me this Day of 20		integrated by impris	omici.				injure, defrau statement of o	d, or deceive any insurance company, submits a claim containing any false, incomplete or	
State of County of Subscribed and sworn to before me this Day of 20		Sign your name five t	imes:						
State of County of Subscribed and sworn to before me this Day of 20									
Subscribed and sworn to before me this Day of 20									
		State of				_			
Notes in the		Subscribed and sworn	to before me this	1	Day of			_ 20	
							M.A. BY		

*Attach Police Report