

Loss Affidavit

Chasas Ones	
Choose One:	

D	APTI	DESCRIPTIVE STATEMENT					
	MI	Last	Homo Phono (1			
Name. First	IVII	Last	Home Phone ()				
			Cell Phone (1			
Address: Street	City			,			
			Work Phone (1			
)			
Account Number:			State	Zip Code			
			State	Zip Code			
1. Describe the circumstances concerning the loss or the transfer of the circumstances concerning the loss or the circumstances.	heft in yo	ur own words, including the following:					
A. What happened? How did the loss/theft occur	?						
B. Where did this occur?							
C. When did the loss/theft occur?							
2. If a theft, do you know who took the checks or had a	ccess to	your account information?					
Name: Street, City, ST, & Zip:							
Relationship to you:							
A. If a theft, have you reported the incident to the po	olice? [Yes No If Yes: Town incident reported	d & case #:				
7 a anon, naro you repersou are menaem to ane pe							
(If available, please attach to affidavit)							
B. If a theft, were any other personal checks, accou	unt passb	ook(s) or					
any other possessions stolen?		Yes I No					
If YES, please specify:							
List each unauthorized transaction by date and amount with record of ID obtained at time of transaction; if availa							
completed.):	ible. (INOL	e. Il fraud took place ill different locations, a separate	anidavit ioi eac	n occurence must be			
· /							
A Name and address of arrivers this to this arrivers	oform: =4! -	a about the incident					
Name and address of anyone able to give us more in	mormatio	n about the incident:					
Name:		Address:					

The undersigned represents that he/she is t				
Check numbers (if applicable)	, have been lost	or stolen. A diligent search has	s been made for said de	ocument, and it cannot
be found.				
1. I made this affidavit for the purpose of es	tablishing the forgery of my signat	ure on a check/withdrawal from	account #	
The check/withdrawal is dated				
2. The name on the signature line is ——	and	the check (if applicable) is paya	able to ————	— The name(s) that
appear(s) on the back of the check as	s endorser(s) is/are (if applicable)			
3. If altered, I make this affidavit for the purp	oose of establishing the altering of	the dollar amount on a check.	The dollar amount has	been altered
from \$ t	o \$ The	check is dated ————	 The name on the s 	ignature line is
	and the check was payable to		. The name appearing	g on the back of the
check as endorser is				
3a. The statements made herein and in the	Descriptive Statement are true, a	ccurate and are made to induce	e the Bank not to honor	checks presumably
bearing the signature of the undersign	ned and from account #	, and ha	aving check numbers _	
I further depose that the signature on the knowledge or consent.	aforesaid withdrawal is not mine,	was not made by me, was not i	· made by another perso	n with my authority,
5. That I have received none of the proceed	Is of the foresaid withdrawal. The	Descriptive Statement indicates	s any and all known fac	ts relative to this
forged withdrawal including how it can	me into the possession of an unau	thorized person.		
I further acknowledge that the Bank will re of this matter.	ely upon the truth and accuracy of	the statements to make a dete	rmination as to the disp	position
7. This Affidavit and attached Descriptive St	tatement are made voluntarily. Th	e signature below is my own pr	oper signature.	
The undersigned agrees to indemnify the herein of the undersigned customer.	Bank for any expense, damage,	or loss it may incur for acting pu	irsuant to the instruction	ns
Customer's Signature		Name (Please Print)		
Signature of Witness		Name (Please Print)		
Date		Date		
24.0		24.0		
State of				
County of				
Subscribed and sworn to before me this	day of	,		
Notary Public				
My commission expires				
	BRANCH INFO	DRMATION		
Date initially notified of the loss or theft				
Method of notification				
Branch # and Branch Name		ew Account # (if applicable):		
Name of Branch Employee Notified:		none #:		

PART II. AFFIDAVIT

EQUAL HOUSING LENDER