

Fraud Affidavit – Altered Checks

BY SIGNING BELOW, I AM MAKING THE FOLLOWING DECLARATIONS:

- I did not receive any benefit or value from the proceeds of the check(s) listed above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).
- I will cooperate in any investigations, promptly disclose any information requested by the Credit Union, and if necessary, cooperate fully with any prosecution.
- I will testify in any hearing, proceeding, or action to the truth of these statements in any case which may result from this affidavit.
- All of the information I have provided in this document is true.
- If this is a business account, I have the authority to provide and execute this affidavit on behalf of the business entity.

Claimant's Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Claimant's Title or Affiliation (if a business account): _____

STATE OF _____

COUNTY OF _____

Subscribed, sworn to (or affirmed), and acknowledge before me on this _____ day of _____, 20 _____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me. The person is personally known to me or has produced _____ as identification.

Signature of Notary Public: _____

Print or Type Notary's Name: _____, Notary Public

My Commission Expires: _____

Date: _____ (Official Seal)

Identification of the credit union associate receiving this form from the claimant:

Print Associate Name: _____

Department or Branch Name / Branch # _____ / _____

Send completed form to The Fraud Officer – Denise O'Neal