

**AFFIDAVIT OF FORGERY/ALTERATION/
OR UNAUTHORIZED INSTRUMENT**



The person alleging forgery or alteration of an instrument or an unauthorized instrument must complete this form in their own writing. If it is a joint account, each party must complete and sign an Affidavit.

This form may not be completed until the forged/altered/unauthorized instrument has been examined by the member.

After first being duly sworn, I state as follows:

1. My name is _____

I live at _____
(Street, City, State, and Zip Code)

2. Home telephone number () _____. Work telephone number () _____

3. Chartway Account Number _____. I am the [] Basic Member [] Joint Owner

4. I have discovered the following forged/altered/unauthorized instruments: (check those that apply)

[] Check [] Altered Amount [] Cash Withdrawal Voucher [] Loan Note [] Check by Phone

5. The instrument(s) are drawn on _____

6. On the instrument(s) I am named as the:

[] Payee/Endorser (on back of check or bottom of withdrawal voucher)

[] Maker (on note or face of check)

[] Co-maker (on loan)

[] Other (specify) _____

7. The instruments listed below were not written or authorized by me and are forged or altered:

Date	Instrument Number	Dollar Amount		Date	Instrument Number	Dollar Amount

8. 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 my signature is a forgery, the transaction was unauthorized or an alteration was made to the original instrument.

9. Do you know who forged your signature? [] Yes [] No
 Do you know who made the fraudulent transaction? [] Yes [] No
 Do you know who altered the instrument? [] Yes [] No

If the answer to any of the above is Yes, provide the name of the individual _____

10. I understand this forgery/alteration/or claim of unauthorized payment is subject to investigation and prosecution by local, state, and federal authorities. I will assist the authorities in their investigation and/or prosecution including complying with court orders and subpoenas to give testimony.

11. I understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

12. Sign your name five times:

I have read and completed the above statement and believe it to be true and correct to the best of my knowledge.

(Member Signature)

State of _____, City of _____

Subscribed and sworn to before me this _____ day of _____, _____. My commission expires the _____ day of _____, _____.

(NOTARY PUBLIC)

OFFICE USE ONLY:

Date Received: _____ Branch: _____ Employee: _____

Documents Attached: (Please List)

Notes:

