

**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. Account Number \_\_\_\_\_. I am the  Primary 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. I, the member, by signing this affidavit, am agreeing to have account information concerning this case, released to the local, state, or federal authorities to assist in their investigation.

13. 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)

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**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Branch: \_\_\_\_\_ Employee: \_\_\_\_\_

Documents Attached: (Please List)

Notes:

