

**Affidavit of Forgery, Alteration, or Missing Signature/Endorsement  
Each Claimant must complete an Affidavit for each Negotiable Item**

Section I – Claimant Information				
Name	Home Phone (_____)		Work Phone (_____)	
Address	City	State	Zip	
Primary I.D.	Secondary I.D.			
Section II –Negotiable Item Information				
Item Was Drawn On	Item Issued By (Maker of Item)	Item Number	Date on Item	Date Paid
Payable to the Order of:		Account #	Amount \$	
Section III --Affidavit				
Initial the appropriate box(es) to describe the claim(s) of forgery, alteration, or missing signature/endorsement.				
To: _____ “Bank” By signing below, I declare that the statement(s) contained in this Affidavit, including the statements in the boxes I have initialed below are true.				
Initials	Claim			
	<b>Maker’s Signature Forged</b> -- The maker’s signature of _____ on the check is a forgery. I did not sign the check and I did not authorize the signature.			
	<b>Unauthorized Maker’s Signature</b> -- The maker’s signature of _____ on the check is not authorized. The person who issued and signed the instrument is not authorized to use the account.			
	<b>Endorsement Forged</b> -- The endorsement of _____, a named payee on the check is a forgery. I did not authorize or write the endorsement.			
	<b>Missing Endorsement—Payee’s Statement.</b> My endorsement on the check is missing and I did not authorize the negotiation of the check and did not benefit from the negotiation of the check. I declare I was entitled to receive \$ _____ as the/a payee of the check.			
	<b>Missing Endorsement—Maker’s Statement.</b> The endorsement of payee(s) _____, was /were missing on the check and said payee(s) was/were entitled to receive \$ _____ (describe amount/percentage for each payee who claims to have not received payment and did not authorize negotiation. If Maker does not know amount the payee(s) was/were entitled to receive indicate “unknown”.)			
	<b>Check Amount Altered</b> – The amount of the check as written was altered from the amount of \$ _____ to \$ _____. I did not alter the amount of the check nor did I authorize any alteration.			
	<b>Payee Named Was Altered</b> -- The name of the payee(s) as written was altered on the check from _____ to _____ make it payable to _____. I did not alter the payee’s name nor did I authorize any alteration.			
	<b>Other</b> –			

I declare that:

I did not receive any benefit or value from proceeds of the above described check, and no proceeds from it were applied to any use or purpose on my behalf.

I have not arranged with the person(s) who misused the check to be reimbursed or receive benefit from the proceeds of the above described check.

I agree to testify in court and hereby certify to the truth of the statements in this affidavit.

I suspect \_\_\_\_\_ of (address if known, home/work) \_\_\_\_\_ of

having misused the check described in this affidavit, as I have stated above. I believe this person did this under the following circumstances: (Please provide as much information as possible). \_\_\_\_\_

(Use other side if necessary)

I fully realize that "Bank" or the bank that negotiated this check may cause the arrest of a person or persons (including the person(s) suspected above) for the forgery of claimant's signature or the alteration identified above and I hereby acknowledge that any such arrests may be caused by "Bank" or the bank where the check was negotiated or deposited, solely in reliance upon the representations of fact made herein, regardless of whether one or more persons arrested is a relative or friend of claimant. In addition, I will indemnify and hold harmless "Bank" and/or the bank where the check was negotiated or deposited from any liability arising out of; relating to or in any connection with such arrest in the event that the representations of fact made herein should prove to be untrue.

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

If applicable, Claimant is an agent of and completing this affidavit on behalf of \_\_\_\_\_, and as such is authorized to speak on its behalf.

**NOTARY**

**WITNESSES**

State of \_\_\_\_\_ } SS

\_\_\_\_\_

County of \_\_\_\_\_ }

\_\_\_\_\_

The above Affidavit was executed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by (Claimant's Name) \_\_\_\_\_

Notary Public X \_\_\_\_\_

\_\_\_\_\_ County My Commission Expires \_\_\_\_\_ Seal \_\_\_\_\_