

AFFIDAVIT OF FORGED OR ALTERED CHECK

PART 1: Claimant Information

I am first duly sworn and state I am:

Customer Name

Customer Address

City State Country Zip

Home Phone Work Phone Mobile Phone

Address shown above is my primary residence: No Yes

PART 2: Check or Draft Information

Date Check Was Written (mm/dd/yyyy) Issued By (maker of the item) Date Check Was Drawn (mm/dd/yyyy)

Payable to the Order of Check Number Amount

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Payable to the Order of Check Number Amount

AFFIDAVIT OF FORGED OR ALTERED CHECK

Page 2 of 4

PART 3: Claim of Forgery or Alterations

Please sign your initials next to each appropriate claim of forgery or alteration.

On the check or draft, I am named as the PAYEE (the person or entity to whom the check is made payable):

_____ **Forged Endorsement:** The endorsement on the back of this item is a forgery. It is not written or authorized by me.
Signed Initials

_____ **Missing Endorsement:** My endorsement is not on the back of this item nor did I authorize the transaction of the item.
Signed Initials

_____ **Other:** Please explain. _____
Signed Initials Explanation

On the check or draft, I am named as the MAKER (the person whose signature appears on the bottom right corner of the check):

_____ **Forged Maker's Signature:** The maker's signature on the front of this check is a forgery. It is not written by me and it is not authorized by me.
Signed Initials

_____ **Amount Altered:** The amount of the check was altered from its original amount of _____ to _____ and I did not authorize this change.
Signed Initials Amount Amount

_____ **Payee Altered:** The name of the payee(s) was altered from its original _____ to _____ and I did not authorize this change.
Signed Initials Name of Payee(s) Name of Payee(s)

_____ **Other:** Please explain. _____
Signed Initials Explanation

Do you know who forged your signature(s)?

No Yes If yes, provide details below

Details

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PART 4: Signature Samples

Please sign your name 5 times.

Signature 1

Signature 2

Signature 3

Signature 4

Signature 5

AFFIDAVIT OF FORGED OR ALTERED CHECK

Page 4 of 4

PART 5: Signature and Affidavit

I hereby certify that I did not receive any part of the proceeds of the check or draft(s) listed in this affidavit. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery and/or the check was altered from its original state.

I understand this forgery/alteration is subject to investigation by local, state and/or federal law enforcement agencies, in addition to the investigation that will be initiated by the bank. I understand that I may be required to comply with a court order or subpoena to give testimony.

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

Claimant (print name)

Signature of Claimant

PART 6: Notary

State of _____ County of _____
State County

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____
Day Month Year

by _____, who proved to me on the basis of satisfactory evidence to be the person
Claimant

whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/ her authorized capacity, and that by his/her signature on the instrument the person or entity upon which the person acted, executed the instrument.

WITNESS my hand and official seal:

Seal:

Signature of Notary Public

Print Name of Notary Public

My commission expires: _____
Date

Instructions to the Claimant:

1. A copy of the check(s) or draft(s) in question must accompany this form.
2. If the checks or drafts are drawn on a financial institution other than Advisor Bank, those copies must be bank-certified by the paying bank.
3. Send completed, notarized affidavit to:

Advisor Bank Attn: Exceptions Dept.
409 Silverside Road, Suite 105, Wilmington, DE 19809

4. Questions? Call 800.650.5904.