ADVISOR BANK

TheBancorp™

AFFIDAVIT OF FORGED OR ALTERED CHECK

PART 1: Claimant Information

I am first duly sworn and state I am:

_____ ◯ Maker ◯ Payee

Customer Name

_____

Customer Address

City	State	Country	Zip

Primary Phone	Secondary Phone	Email

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 Paid (mm/dd/yyyy)

Payable to the Order of		Check Number	Amount

Banking services provided by:
The Bancorp Bank, N.A. Member FDIC.
Equal Housing Lender
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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):

_____ Signed Initials — **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. _____ 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):

_____ Signed Initials — **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 _____ Amount to _____ Amount and I did not authorize this change.

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

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

Do you know who forged your signature(s) and/or altered the check?

◯ 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

For commercial endorsements only.

If a stamp is used to endorse your checks, please provide a copy of the stamp.

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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 on the check(s) referenced in this affidavit 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.

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