



# AFFIDAVIT FOR CHECK DISPUTES

AppleFCU.org

P.O. Box 888, Fairfax, VA 22038-0888 703-788-4800 Fax: 571-321-1973

Name: First	MI	Last	Suffix	Member No.
Address: Street		City	State	Zip Code
Account Title (As it Appears on Statement)			Phone No.	

**SELECT TYPE:** (check one box only)

<input type="checkbox"/> <b>Signature Forged</b>	Signature on the face of the check(s) listed is forgery. I did not sign the check(s) and I did not authorize the signature. <i>Police Report and Notarization needed.</i>
<input type="checkbox"/> <b>Endorsement Forged</b>	The payee of the check alleges that they did not sign or endorse the back of the check. <i>Notarization needed.</i>
<input type="checkbox"/> <b>Counterfeit Check</b>	The check(s) are an imitation of checks drawn on my account. I did not create, sign or authorize the creation or signatures on the check listed below. <i>Police Report and Notarization needed.</i>
<input type="checkbox"/> <b>Altered Check</b>	The check(s) have unauthorized alterations. I did not alter the payee or the amount nor have I authorized anyone to alter the check(s). Please submit proof copy of the original item. <i>Police Report and Notarization needed.</i>
<input type="checkbox"/> <b>Unauthorized Remote Created Paper Check</b>	A Pre-authorized Remote Created Paper Check does not bear a signature. An Unauthorized Check Entry is an entry that a person or entity on whose account the Remote Created Check is drawn on "did not authorize the issuance of the paper check in the amount stated on the check to the payee stated on the check." The above-named person(s), and after being duly sworn and asserted under oath, state that I/We have reviewed the attached document and hereby state that the document mentioned was neither written nor authorized by me/us.

Member's Signature ➤	Date (MM/DD/YYYY)
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**PLEASE INCLUDE THE FOLLOWING INFORMATION OF THE CHECK(S):**

Check No.	Date of Check (MM/DD/YYYY)	Amount	Payee(s)
Check No.	Date of Check (MM/DD/YYYY)	Amount	Payee(s)
Check No.	Date of Check (MM/DD/YYYY)	Amount	Payee(s)

**ORIGINAL CHECK INFORMATION** If any of the check(s) listed were "Altered" please provide the original information on the check and copy of original item.

Check No.	Date of Check (MM/DD/YYYY)	Amount	Check Payable To
Check No.	Date of Check (MM/DD/YYYY)	Amount	Check Payable To
Check No.	Date of Check (MM/DD/YYYY)	Amount	Check Payable To

# AFFIDAVIT FOR CHECK DISPUTES (con't)

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## AFFIDAVIT:

**By signing the below, you on behalf of yourself and all other owners of the account are declaring the following:**

- I/we did not receive any benefit or value from the proceeds of the checks listed on this affidavit.
- I/we have not arranged for reimbursement for any portion of the proceeds with the person(s) who misused the checks.
- I/we will cooperate in any investigation, promptly disclose any information requested by the bank, and if necessary, cooperate fully with any prosecution. I/we will testify to the truth of these statements in any case, which may result from this affidavit.
- I/we understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment. Specifically, I/we understand that under federal law (18 U.S.C 1344), it is a crime to knowingly defraud or attempt to defraud a financial institution.
- All information I/we have provided in this document is true, accurate and complete.

I/We have read the foregoing statement and acknowledge and affirm its truth and accuracy to the best of my/our belief and knowledge. I/We understand making a false sworn statement is subject to Federal and/or state statutes which may be punishable by fines and/or imprisonment.

Member's Signature



Date (MM/DD/YYYY)

## NOTARY PUBLIC INFORMATION:

Notarized in the state of \_\_\_\_\_ and in the county of \_\_\_\_\_.

The above affidavit was subscribed and sworn to before me by \_\_\_\_\_ on \_\_\_\_\_  
Date (MM/DD/YYYY)

Notary Signature



Date (MM/DD/YYYY)

**Important Note:** Since the account has been compromised, and other fraudulent items bearing your account name and number may appear in the future, we require you to close the affected account, if you have not done so already. If you DO NOT close your, you may suffer subsequent losses that will not be the responsibility of the Credit Union in the event of further fraudulent check(s) activity against your account.

Member's Signature



Date (MM/DD/YYYY)

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# AFFIDAVIT FOR CHECK DISPUTES (con't)

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## QUESTIONS TO COMPLETE:

1. Do you know who forged your signature or altered the attached instrument?  Yes  No  
If YES, please provide any and all information:

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2. Who beside the reporting party has access to your account?  Yes  No  
If YES, please provide the complete name of each person:

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3. Was your mail, home, business, vehicle or personal information missing or stolen?  Yes  No  
If YES, please provide information as to the nature of your loss (i.e., ID theft, and date the loss occurred):

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4. Provide information of Police department, case number and investigative officer name. **Needed for signature forged, counterfeit check or altered check.**  
(A copy of the report is required):

Case No.: \_\_\_\_\_ Police Dept.: \_\_\_\_\_ Officer Name: \_\_\_\_\_

5. If checks were stolen, do you know what checks are missing?  Yes  No  
If YES, please provide check numbers:

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6. Other description of claim:

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