



# Affidavit Lost, Stolen or Forged Checks

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### PRIMARY MEMBER (CLAIMANT) INFORMATION

**IMPORTANT: The person alleging forgery must sign the back of this form in longhand.**

NAME		EMAIL ADDRESS	
STREET ADDRESS		CITY	STATE ZIP
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
HOME PHONE	WORK PHONE	MOBILE PHONE	

### JOINT MEMBER (CLAIMANT) INFORMATION

JOINT MEMBER NAME		EMAIL ADDRESS	
DATE OF BIRTH		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

### LOSS INFORMATION

Type of Loss:  Stolen  Lost  Never Received  In my possession at all times

Check series: From \_\_\_\_\_ To \_\_\_\_\_

Date Discovered: \_\_\_\_\_ Date Reported to Credit Union: \_\_\_\_\_

Do you have possession of your I.D.?  YES  NO Was your I.D.# imprinted on your checks:  YES  NO

Has a Police Report been filed?  YES  NO If yes, case number: \_\_\_\_\_ **(Attach copy of original police report and any addendums)**

Check #	Pay to the Order of	Amount	Date Cleared

1. I, \_\_\_\_\_ as affiant (claimant) declare that the statement(s) that I have checked below are true. (Check all that apply)

**Maker's Signature Forged** – The maker's signature of \_\_\_\_\_ on the above instrument is a forgery. I did not sign the instrument and I did not authorize the signature.

**Endorsement Forged** – The endorsement of \_\_\_\_\_ on the above instrument is a forgery. I did not authorize or write the endorsement.

**Check Amount Altered** – The amount of the instrument was altered from the original amount of \$\_\_\_\_\_ to \$\_\_\_\_\_. I did not alter the amount of the instrument nor did I authorize the change. I received no part of the amount of the instrument in excess of the original amount, nor was any part of the excess amount applied to any use or purpose on my behalf.

**Payee Name Altered** – An unknown person altered the payee's name on the instrument to make it payable to: \_\_\_\_\_

**Unauthorized Maker's Signature** – The maker's signature of \_\_\_\_\_ on the instrument is not authorized. The person who issued the instrument is not authorized to use the amount.

**Other** – \_\_\_\_\_

2. I also declare that:

- I did not receive any benefit or value from proceeds of the instrument, and no proceeds were applied to any use or purpose on my behalf.
- I have not arranged with the person(s) who missed the instrument to be reimbursed for proceeds of the instrument.
- I promise to testify or certify to the truth of all applicable statements in this affidavit before any judge, officer of the court, or other person, in any case now pending or which may occur regarding this affidavit.
- I understand this forgery is subject to investigation by local, state and or federal law enforcement agencies.
- I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

3. Do you know who forged the instrument?       YES       NO

If yes, please provide details: \_\_\_\_\_

**SIGNATURES**

I give my consent to the credit union to release any information regarding my account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Sign your name five times:

Member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Joint Member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTARY SECTION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

(SEAL)