



Affidavit of Unauthorized Action

Check Fraud Claim

Name	Account Number	Date
Address		

NOTE: This document must be completed by the person making the claim. This document may be used to seek criminal prosecution.

I declare that the statements on this document are true:

<input type="checkbox"/> Signature Forged The signature on the face of the item(s) described below is a forgery. I did not sign the item(s) and I did not authorize the signature.	<input type="checkbox"/> Endorsement Forged The endorsement on the reverse of the item(s) described below is a forgery, missing, or not as drawn. I did not endorse the item(s) and I did not authorize the endorsement.	<input type="checkbox"/> Alteration The information on the item(s) has been altered from how they were originally written (as described on the lines below). I did not authorize the alteration.	<input type="checkbox"/> Counterfeit Item(s) The item(s) are an imitation of one drawn on my account. I did not create, authorize the creation, or sign the item(s).	<input type="checkbox"/> Unauthorized Remotely Created Check The item created and debited from the account was not authorized.
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Describe alteration: _____

List item(s) below:

Check #	Check Date	Amount	Payable to (Payee)

Name	Account Number	Date

I also declare that:

1. I have not and will not receive any benefit or value in any way whatsoever directly or indirectly from the proceeds of the instrument(s) described.
2. I have not arranged with the person(s) who misused the instrument(s) to be reimbursed from proceeds of the instrument(s).
3. If I at any time receive directly or indirectly any consideration by reason of the instrument described (except as is received from University Credit Union (“Credit Union” herein) pursuant to this affidavit), I will promptly remit the consideration or its reasonable value in money to the Credit Union.
4. I authorize the Credit Union to initiate criminal proceedings against the individual who forged my name on the instrument.
5. I understand making a false sworn statement is subject to federal and or state statues and may be punishable by fines and or by imprisonment.

Role: Drawer /Maker Payee/Endorser Other _____

I declare under penalty of perjury that the foregoing is correct.

Signature	Date Signed	Daytime Phone

Sign your name 5 times: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____

By _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Signature _____

Letter of Circumstance

Name	Account Number	Date

Describe in detail the circumstances of the fraudulent activity and how you became aware of the activity. For example, consider how someone could have obtained your checks and/or your identification. Was your home or office burglarized? If more space is needed, feel free to attach additional sheets of paper.

I suspect the following person(s) of having misused the fraudulent item described in this Fraud Statement.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you willing to prosecute? Yes No

Did you file a police report? Yes (Please include a copy) No (You may be asked to file one)

Name of law enforcement agency:

Date Filed: _____ Case Number: _____

Investigator's name: _____ Phone Number: _____

I declare under penalty of perjury that the foregoing is correct.

Signature	Date Signed	Daytime Phone