

Affidavit of Check Fraud– Instructions

The *Affidavit of Check Fraud* form is used to make a legal claim about the wrongful use of a negotiable instrument. When Northwest Federal Credit Union receives your completed *Affidavit of Check Fraud* form, your claim will be researched. It is imperative that you complete this form in its entirety.

The *Affidavit of Check Fraud* form must be signed as follows:

- If this claim is for a forged signature or a counterfeit check, the account owner and/or joint owner whose signature is forged must sign.
- If the claim is for a forged endorsement, an account owner and/or joint owner and the payee/endorser must sign.
- If the person who signed the item is not an authorized signer on the account, an account owner and/or joint owner must sign.

How to complete the Affidavit:

- **Claimant's Name:** Enter your name or business name.
- **Account Number:** Enter your full account number on which the unauthorized action occurred.
- **Date:** Enter today's date.
- **Type of Fraud:** Check the box that applies to the item(s) listed on the form.
- **Check No.:** Enter the number of the instrument, if any.
- **Check Date:** Enter the date the check was written.
- **Amount:** Enter the amount of the instrument.
- **Payable to (Payee):** Enter the name of the person or business name to whom the instrument was made payable.
- **Declarations:** Read the declarations listed. The *Affidavit of Check Fraud* is a legal document. The completed form can be used in court as evidence. You may be required to testify or certify in court to the truth of all statements contained in the *Affidavit of Check Fraud*.
- **Sign Form:** Sign your name in the space provided, indicating your business phone number and the date.

Signatures:

- **All signatures must be notarized.**

How to complete the Letter of Circumstance:

- **Circumstances:** Describe any circumstances that may have contributed to the unauthorized action of the instrument(s) described on the form. For example, your checks or identification may have been lost or stolen.
- **Suspect Information:** If you suspect someone of negotiating the instrument(s), you must write his or her name and address in the space provided if known.
- **Police Report:** Indicate whether a police report was filed. If so, write the name of the agency and the detective's name and phone number, including the area code, in the space provided, and attach a copy of the police report to the *Affidavit of Check Fraud*.
- **Account Closure:** Indicate when the affected account was closed.

After completing the *Affidavit of Check Fraud*, please forward the original documentation to:

Northwest Federal Credit Union
Attn: Fraud Mitigation Department
200 Spring Street
Herndon, VA 20170-5209

If you have any questions regarding this matter, feel free to contact us at 703-709-8901 or toll-free 1-800-336-3384.

Thank you for your membership with Northwest Federal Credit Union. We appreciate your membership and look forward to being your lifetime partner for financial services.

Affidavit of Check Fraud

1.) I am first duly sworn and under penalties of perjury state the following:

I am: CLAIMANT'S NAME (LAST, FIRST, MI) OR BUSINESS NAME	ACCOUNT NUMBER	DATE
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<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"/> 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"/> 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"/> Account Transaction Voucher: The signature on the withdrawal slip(s) or deposit slip (for cash back transactions) described below is a forgery. I did not sign the item and I did not authorize the withdrawal from my account.	<input type="checkbox"/> Alteration: The item(s) have been altered from how they were originally written (as described on the lines below). I did not authorize the alteration.	<input type="checkbox"/> Unauthorized Remotely Created Check: The item created and debited from the account was not authorized.
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Describe the fraudulent item(s) below: Describe in detail the circumstances of the fraudulent activity and how you became aware of it. If known, please provide date(s) for the unauthorized action(s), circumstances involving the fraudulent activity (burglary, theft, etc.), locations and any other information you feel is important to support your claim. If more space is required, you can attach additional sheets of paper.

Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):

items described in the Attachment of the Affidavit of Check Fraud.

I filed a police report (check if Yes)

Name of Law Enforcement Agency _____ Case Number _____

Detective's Name _____ Phone Number _____

I closed the affected account (check if Yes) effective _____ (date of closure).

Closing the checking account will prevent subsequent losses on the account due to forgery or other fraud.

Affidavit of Check Fraud

CLAIMANT'S NAME (LAST, FIRST, MI) OR BUSINESS NAME	ACCOUNT NUMBER	DATE
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2.) I did not receive any part of the proceeds of the item(s) listed above nor did I authorize anyone else to negotiate the item(s) on my behalf. This affidavit is made voluntarily for the purpose of establishing the fact that I did not authorize the item(s) identified above.

3.) I/We declare the following:

I/We understand this *Affidavit of Check Fraud* is subject to investigation by local, state, and/or federal law enforcement agencies. I/We understand that the account records related to this claim may be given to law enforcement as evidence for the investigation. I/We also understand that I/We may be required to comply with a court order or a subpoena to give testimony.

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 federal credit union and may be punishable by a fine up to \$1,000,000 and/or by imprisonment up to 30 years.

I understand and agree that Northwest Federal Credit Union has no obligation to reimburse for any losses resulting from this alleged *Affidavit of Check Fraud* unless I/we cooperate fully in any investigation and/or prosecution of this alleged *Affidavit of Check Fraud*, including, but not limited to filing a complete report with the appropriate law enforcement officials, participating in any investigation by law enforcement, and attending and participating as a witness in any legal proceeding.

4.) I suspect the following person of having performed an unauthorized action on the fraudulent item(s) described on the attached Affidavit of Check Fraud:

NAME	ADDRESS	
CITY	STATE	ZIP

Are you willing to prosecute? Yes No

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

CLAIMANT'S SIGNATURE:	PHONE NUMBER:	DATE:
PRINT CLAIMANT'S NAME:	ADDRESS:	EMAIL ADDRESS*:

*Include if we may use to contact you regarding this claim.

To be completed by a Notary Public for Claimant.

State of _____

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(s) who appeared before me.

Seal

Signature: _____

Print Name: _____

This form is required only if a Joint member or second person endorsed the item or if it was made payable to the Joint member or person other than the Primary Owner "Claimant".

IF FORGED, MISSING OR "NOT ENDORSED AS DRAWN" CLAIM
the payee/endorser must sign below (in addition to the claimant)

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

PAYEE/ENDORSER SIGNATURE:	PHONE NUMBER	DATE
PRINT PAYEE/ENDORSER'S NAME:	ADDRESS	EMAIL ADDRESS*

*Include if we may use to contact you regarding this claim.

To be completed by a Notary Public for Payee/Endorser. Only **forged signatures, counterfeit items and account transaction vouchers** need to be notarized.

State of _____

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(s) who appeared before me.

Seal



Signature: _____

Print Name: _____