

First and last name of Claimant \_\_\_\_\_

Branch name \_\_\_\_\_

Branch no. \_\_\_\_\_

Date of (MM DD YYYY) \_\_\_\_\_

Describe the instrument \_\_\_\_\_

Instrument no. \_\_\_\_\_

Date of (MM DD YYYY) \_\_\_\_\_

Amount (\$) \_\_\_\_\_

Issued by (first and last name) \_\_\_\_\_

Payable to the order of \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State / Province \_\_\_\_\_

Zip code / Postal code \_\_\_\_\_

Home telephone no. \_\_\_\_\_

Work telephone no. \_\_\_\_\_

Paid by (bank, branch name, co.) \_\_\_\_\_

Payment date of (MM DD YYYY) \_\_\_\_\_

1. Please note- you may initial more than one box below if your instrument has been misused in more than one way (for example, someone altered the payee's name and raised the amount). However, a separate affidavit must be completed for each instrument

I, \_\_\_\_\_, as affiant (claimant) declare the statement(s) following the boxes I have initialed below are true.

 **MAKER'S SIGNATURE FORGED**

The maker's signature of \_\_\_\_\_ on the 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 RAISED**

The amount of the above instrument was raised from the original amount of \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

I did not raise the amount of the instrument nor authorize raising.

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 the order of \_\_\_\_\_.

I did not alter the payee's name nor authorize alteration.

 **UNAUTHORIZED MAKER'S SIGNATURE**

The maker's signature of \_\_\_\_\_ on the instrument is not authorized. The person who issued the check is not authorized to use the account.

Other: \_\_\_\_\_

2. I also declare that:

I did not receive any benefit or value from the 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 misused 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 competent judge, officer of a court, or other person, in any case now pending or which may occur regarding this affidavit.

I suspect \_\_\_\_\_ of having misused the instrument described in this affidavit, as I have stated above. I believe this person did this under the following circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I also declare that (optional):  Mr.  Mrs  Ms  Miss

**X** \_\_\_\_\_  
First and last name of Affiant (Claimant) Home telephone no. Work telephone no.  
\_\_\_\_\_  
Address City  
\_\_\_\_\_  
State / Province Zip code / Postal code

To be used only by a notary public

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

**X** \_\_\_\_\_  
Notary Public's Signature  
\_\_\_\_\_  
First and last name of Notary Public

Notary Public in and for the \_\_\_\_\_

Country of \_\_\_\_\_

State of \_\_\_\_\_

My Commission expires on \_\_\_\_\_  
Date (MM DD YYYY)

In the absence of a notary public , to be witnessed and signed by two authorized bank officers

**X** \_\_\_\_\_  
Signature of Authorized Officer  
\_\_\_\_\_  
First and last name of Authorized Officer

**X** \_\_\_\_\_  
Signature of Authorized Officer  
\_\_\_\_\_  
First and last name of Authorized Officer

(Notary Seal)