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Customer name (the "Claimant")

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Branch name

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Branch no.

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Date of (YYYY MM DD)

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Describe the instrument

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Instrument no.

---

Date of (YYYY MM DD)

---

Amount (\$)

---

Issued by (first and last name)

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Payable to the order of

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Address

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City

---

State / Province

---

Zip code / Postal code

---

Home telephone no.

---

Work telephone no.

---

Paid by (bank, branch name, co.)

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Payment date of (YYYY MM DD)

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, \_\_\_\_\_, affiant and authorized representative of the Claimant, declare, to the best of my knowledge, that 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.

No authorized signatory of the Claimant (hereinafter "Representative") signed the instrument nor authorized its signature.

**ENDORSEMENT FORGED**

The endorsement of \_\_\_\_\_ on the above instrument is a forgery.

No Representative authorized or wrote the endorsement.

**CHECK AMOUNT RAISED**

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

No Representative raised the amount of the instrument nor authorized the raising.

No Representative received 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 behalf of a Representative.

**PAYEE NAME ALTERED**

An unknown person altered the payee's name on the instrument to make it payable to the order of \_\_\_\_\_.

No Representative altered the payee's name nor authorized 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:**

No Representative received any benefit or value from the proceeds of the instrument, and no proceeds were applied to any use or purpose on behalf of a Representative.

No Representative has 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 (optional) \_\_\_\_\_ 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. Please indicate:**  Mr.  Mrs.  Ms.  Miss.

\_\_\_\_\_  
First and last name of Affiant and authorized representative of the Claimant Home telephone no. Work telephone no.

\_\_\_\_\_  
Address City

\_\_\_\_\_  
State / Province Zip code / Postal code

X \_\_\_\_\_  
Affiant Signature Date (YYYY MM DD)

**If signed before 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 (YYYY MM DD)

**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)