



## AFFIDAVIT OF FRAUD

This entire form must be completed where applicable, signed by the member, and returned to Risk Management in order for this claim to be processed. Please provide any documentation you have relating to this claim (e.g., police report, original forged document(s)).

Member Information				
Name: First	Mi.	Last	Suffix	Member Number:
Mailing Address: Street		City	State	Zip Code
Home Phone:	Cell Phone:		Work Phone :	

Please mark the appropriate box below that describes the fraudulent activity and/or instrument(s) altered or forged:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Altered Maker/ Payee</b><br>(Counterfeit Maker/Payee information changed) | <input type="checkbox"/> <b>Forged Payee Signature</b><br>(Back of share draft/check forged) |
| <input type="checkbox"/> <b>Missing Maker Endorsement</b><br>(Electronic Checks)                      | <input type="checkbox"/> <b>Forgery</b><br>(Bottom of share draft/check signature forged)    |
| <input type="checkbox"/> <b>Cross Account Transfer</b>  | <input type="checkbox"/> <b>Wire Transfer</b>  |
| <input type="checkbox"/> <b>Membership Application/Signature Card</b>                                 | <input type="checkbox"/> <b>Loan/Line of Credit Application</b>                              |
| <input type="checkbox"/> <b>Deposit</b>   | <input type="checkbox"/> <b>Branch Withdrawal</b>  |
| <input type="checkbox"/> <b>Other (specify)</b> _____   |  |

Please list all unauthorized/fraudulent instruments:

Date	Transaction description (check #, loan, instrument #, etc.)	Dollar Amount (original and altered if applicable)
A)		
B)		
C)		
D)		
E)		
F)		
G)		
H)		

The transaction(s) or instrument(s) identified above was/were not authorized or signed by me or by anyone authorized by me or with my consent or knowledge:

- I have no knowledge of the individual who altered or forged the instrument(s) identified above.
- I can identify the suspect as:



I have filed a report with law enforcement.  I have not filed with law enforcement

Agency Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Forgery Discovered \_\_\_\_\_

Date Credit Union Notified \_\_\_\_\_

Additional Comments:

I did not receive any part of the proceeds regarding the transaction(s) or instrument(s) identified above. This affidavit is made voluntarily for the purpose of establishing the fact that I did not authorize the fraudulent activity which occurred on my account(s) and/ or my signature is a forgery and/or the instrument(s) was/were altered without my knowledge.

I understand this forgery and/or fraud is subject to investigation by local, state and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.

By signing below, I understand this affidavit may be provided to Federal, state and local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making a false or fraudulent sworn statement or representation on or with this affidavit is subject to Federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Pursuant to 28 U.S.C. Section 1746 and 18 U.S.C. section 1001, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true, correct, and complete.

<b>Signature</b>	<b>Date</b>
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For an individual acting in his or her own right:

STATE OF FLORIDA  
COUNTY OF \_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by\_\_\_\_, who is  personally known to me or  who has produced as identification.

\_\_\_\_\_  
[notary stamp]

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)