



# AFFIDAVIT OF FORGERY

1. I am first duly sworn and state I am:

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

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

2. The instrument(s) forged is/are a: (Check the appropriate box)

- |                                             |                                                                 |
|---------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Check/Share Draft  | <input type="checkbox"/> Cash Withdrawal Voucher                |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Loan Note (including Co-maker forgery) |
| <input type="checkbox"/> Verbal Share Draft | <input type="checkbox"/> Remotely Created Check (RCC)           |

3. The instrument is drawn on \_\_\_\_\_

4. On the instrument(s) I am named as the: (Check the appropriate box)

- Payee/Endorser (on the back of check/share draft or bottom of withdrawal voucher)
- Maker (on the note or face of check/share draft)
- Co-maker (on a loan)
- Other (specify) \_\_\_\_\_

5. The signature for each instrument(s) listed below and/or attached to this affidavit is neither written nor authorized by me and is forgery. Total number of instruments: \_\_\_\_\_

	<i>Date</i>	<i>Check/Draft Number</i>	<i>Dollar Amount</i>
A			
B			
C			

6. I did not receive any part of the proceeds of the Check/Share Draft(s) listed above. This affidavit is made voluntary for the purpose of establishing the fact that my signature is a forgery.

7. I warrant that I, the holder of the account on which the Remotely Created Check(s) listed above was drawn, did not authorize the issuance of the check(s) in the amount(s) stated on the check(s) to the payee stated on the check(s).

8. Do you know who forged your signature?  Yes or  No. If 'Yes', please provide details on a separate page or the back of this form.

9. I understand this forgery 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.

10. I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Sign your name five (5) times: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

*SEAL* \_\_\_\_\_ Notary