

Affidavit of Forgery or Misused Check



MEMBER INFORMATION

Important: The person alleging forgery must complete this form in longhand

I am first duly sworn and state that I am

Member Name	Member Number	Date	Claim Number	Claim Total
				\$
Mailing Address		City	State	Zip

CLAIM INFORMATION

The instruments forged is/are

Cashiers Check Share Draft Cash Withdrawal Voucher Loan Note (Including Co-Maker Forgery) Other _____

Endorsement Forged (A separate declaration by the true payee is also required). The endorsement of _____ on the above check is a forgery. I did not authorize or write the endorsement, received no benefit from the check, and was, and is, entitled to the proceeds of the check.

The instrument(s) is/are drawn on _____ (Institution Name)

On the instrument(s) I am named as:

Payee/Endorser (on back of the check/share draft or bottom of withdrawal voucher)

Maker (on note or face of share draft/check) Co-maker (on loan) Other _____

FORGED INSTRUMENTS (Please attach a separate page if more than one forged item is being reported.)

The signature for each instrument(s) listed below and attached to this affidavit is not written nor authorized by me and is a forgery.

Date	Instrument Number	Dollar Amount

I did not receive any part of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.

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

SIGNATURE: _____

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. I understand making a false sworn statement is subject to state and/or federal statutes and may be punishable by fines and/or by imprisonment. Sign your name five times

State of: _____ County of: _____

Subscribed and sworn to me before this _____

_____ day of _____, 20_____

Notary Public

AUTHORIZATION TO HONOR CHECKS

Member Name:		Member Number:
Check Number	Amount	Payee
	\$	
	\$	
	\$	
	\$	
	\$	

I hereby direct you to attempt to pay the above listed checks from my San Francisco Fire Credit Union checking account. I understand that this request will be valid for 10 business days from today's date. All checks presented on my closed checking account number after the 10th business day will be returned "Account Closed".

MEMBER SIGNATURE: _____ **DATE:** _____

For Credit Union Use Only

Operator #:	Date Received:	Date Processed:	Total Paid \$:
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Reason for request: Lost Stolen **NOTE: If reason is "Lost", an explanation is required.**

Date Received: _____ Branch #: _____ Close Date: _____ New SDID: _____