



Fraud Statement of Claimant Form – Check Fraud Claims

Claimant's Name	Account Number	Date
Address		

The Fraud Statement of Claimant form is used to make legal a claim about the wrongful use of a negotiable instrument.

NOTE: This document must be completed by the claimant. This document may be used to seek criminal prosecution.

I declare that the statements on this document are true:

<input type="checkbox"/> Signature Forged The signature on the face of the item(s) described below is a forgery. I did not sign the item(s) and I did not authorize the signature.	<input type="checkbox"/> Endorsement Forged The endorsement on the reverse of the item(s) described below is a forgery, missing, or not as drawn. I did not endorse the item(s) and I did not authorize the endorsement.	<input type="checkbox"/> Counterfeit Item(s) The item(s) are an imitation of one drawn on my account. I did not create, authorize the creation, or sign the item(s).	<input type="checkbox"/> Other (Please describe below)
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Describe the fraudulent item(s) below:

Item 1

Check #	Check Date	Amount	Payable to (Payee)

Item 2

Check #	Check Date	Amount	Payable to (Payee)

Item 3

Check #	Check Date	Amount	Payable to (Payee)



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I also declare that:

1. I have not and will not receive any benefit or value in any way whatsoever directly or indirectly from the proceeds of the instrument(s) described.
2. I have not arranged with the person(s) who misused the instrument(s) to be reimbursed from proceeds of the instrument(s).
3. If I at any time receive directly or indirectly any consideration by reason of the instrument described (except as is received from Verity Credit Union (“Credit Union” herein) pursuant to this affidavit), I will promptly remit the consideration or its reasonable value in money to the Credit Union.
4. I will testify or depose to the truth of any or all of the matters contained in this affidavit before any competent tribunal or person in any case now pending or hereafter to be instituted in connection with matters contained in this affidavit.
5. I authorize the Credit Union to initiate criminal proceedings against the individual who forged my name on the instrument

Claimants Role: Drawer /Maker Payee/Endorser Other _____

I declare under penalty of perjury that the foregoing is correct.

Signature	Date Signed	Daytime Phone

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____

by _____ Personally Known or produced

_____ as identification.

_____ Notary Signature

_____ Notary Name

