

Affidavit of Claimant Form

This form is to be used for unauthorized Sharedraft/Check Clearing items, Fraud or Forgery, and must be completed by the claimant. This form must be SIGNED and NOTARIZED and presented as an ORIGINAL document. **Individual affidavits must be completed for each check item submitted.**

Today's Date: _____ Claimant Account Number: _____

Claimant Name: _____

Current Residential Address: _____

I declare that the following statement(s) on this document are true.

Check Number: _____ Date (on check): _____ Payment Date: _____

Original Amount: _____ Altered Amount: _____

Drawee Bank: _____ Maker Name: _____

Original Payee: _____ Altered Payee: _____

- | | |
|--|---|
| <input type="checkbox"/> Forged Endorsement (Completed by Payee) | <input type="checkbox"/> Maker's signature forged |
| <input type="checkbox"/> Altered Amount | <input type="checkbox"/> Altered Payee |
| <input type="checkbox"/> Lack of Endorsement/Not Endorsed as Drawn | <input type="checkbox"/> Counterfeit Item |
| <input type="checkbox"/> Unauthorized Remotely created check | <input type="checkbox"/> Unauthorized withdrawal |
| <input type="checkbox"/> Other: (Please be specific) | |

I declare that:

1. I again further state that I received no benefits, proceeds or consideration from the above draft/check and that any and all alteration, forgeries or counterfeiting as noted above in the attached draft/check occurred without my knowledge or consent.
2. That I understand that this forgery, alteration or counterfeit may be subject to an investigation by my financial institution or its assigns as well as local, state and/or federal law enforcement agencies and that I may be asked to comply with court orders or subpoenas to give testimony as to the facts and statements contained on this affidavit.
3. I understand that making a false and/or misleading statement as sworn in this affidavit may subject me to various local, state or federal statues and may be punishable by fines and/or imprisonment.

Claimant's Signature: _____ Date: _____

Contact phone number: _____

State of New York

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public

Commission Expiration