



AFFIDAVIT OF FORGERY

MEMBER INFORMATION

Member Name		Member Number	
Daytime Phone		Evening Phone	Cell Phone
Mailing Address		City	State
Zip			
Forged Instrument (s):			
<input type="checkbox"/> Check <input type="checkbox"/> Share Draft <input type="checkbox"/> Withdrawal Voucher <input type="checkbox"/> Loan Note (including Co-maker Forgery) <input type="checkbox"/> Other _____			
On the Instrument(s) I am named as the:			
<input type="checkbox"/> Payee/Endorser <input type="checkbox"/> Maker (face of draft or on note) <input type="checkbox"/> Co-Maker (loan) <input type="checkbox"/> Account Owner			
Date Loss Discovered		Date Loss Reported to Credit Union	
		Date of First Fraudulent Transaction	
The Signature for each Instrument(s) listed below and attached to this affidavit was not written nor authorized by me and is a Forgery:			
Date	Number	Amount	
Name and Address of Unauthorized Signer (if known)			
Police Report Details (Anchorage Police Department: Records Department 786-8600) <i>(This is a requirement, the claim will not be processed until a case number is provided)</i>			Case #:

SIGNATURES

I give my consent to the credit union to release any information regarding my account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Sign your name five times:

State of _____ Judicial District _____

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

Notary Public _____

Prepared by Operator # _____

Send Completed Form to Accounting

