

(Complete a separate form for each check)

•	.,	ithdrawal Voucher □Loan Note □Other:				
Item Number:  Item Amount:  Item Date:  Account No.		Name of Payee:  Drawn on (bank):				
				Police report made?		Police Report Dept:
				Member Information		
Claimant(s):						
Address:		Phone:				
	DE	CLARATION				
form is true and correct  1. <b>Unauthorized Act</b> i	with respect to the check descr ion:					
		is a forgery.				
$\square$ Alteration: The fo	ollowing alterations were made	to the check:				
2. Representations.	Except as set forth in Section 4,	I represent that the claimant(s) have <u>not</u> :				
<ul> <li>Participated in,</li> </ul>	, authorized, approved or ratifie	d the action described in Section 1;				
Received proce	nefit from the check;					
	ed or promised reimbursementesult of the unauthorized action	t (e.g. by the wrongdoer or an insurance company) for any lodescribed in Section 1;				
<ul> <li>Made a claim f to the check) to</li> </ul>	_	or granted any right in the check (or any claim I may have relate				
• Discovered oth the past 12-mc	ed other unauthorized transactions involving my accounts with you or with any other institution durin 12-months.					
3. <b>Discovery</b> . The una	ery. The unauthorized transaction was first discovered on/					

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Other information involving my clair	m (e.g., person suspected of wron	ngdoing):
Loss. Claimant(s) have incurred a loss	of \$ as a result of th	ne unauthorized action described in Section 1
any local, state and/or federal law er	nforcement agency so that the in ny person(s) who may be respons	ease any information regarding my account to nformation can, if necessary, be used in the ible for fraud involving my account. Further, a to give testimony.
I swear this affidavit is true and unders and may be punishable by fines and/o	_	nent is subject to federal and/or state statute
Sign your name five times:		
State ofCounty of  Subscribed and sworn to before me tl		0
Notary Public		_

The security of your account is our priority. If you have lost your entire checkbook and feel that your entire account has been compromised, have any concerns or need assistance completing this Forged or Altered Check affidavit, please contact us toll-free in the U.S. 800.252.6950 or visit one of our <u>branch locations</u>.

Please mail the completed form to Credit Union 1, 450 E. 22<sup>nd</sup> Street, Suite 250, Attn: Fraud Ops, Lombard, IL 60148 or visit one of our branch locations.