

# AFFIDAVIT OF CLAIMANT – NEGOTIABLE INSTRUMENTS

Today's Date: \_\_\_\_\_

I am first duly sworn and state I am:

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Questions

1. Was the item mailed?  Yes  No If Yes, when and from where? \_\_\_\_\_

2. Was a police report filed?  Yes  No If Yes, what law enforcement agency? \_\_\_\_\_ Police Report #: \_\_\_\_\_

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## Type of Claim

**Makers Signature Forged:** The maker's signature of the instrument described hereof is a forgery. I did not sign the instrument and I did not authorize the signature. Do you know who forged the signature?  Yes  No If Yes, please provide details: \_\_\_\_\_

**Endorsement Forged:** The endorsement of the instrument described above on the form hereof is a forgery. I did not authorize or write the endorsement. Do you know who forged the payee's signature?  Yes  No If Yes, please provide details: \_\_\_\_\_

**Unauthorized Signer:** The person whose signature appears as the Maker on the instrument described on this form hereof is not an authorized signer on the account represented by this instrument. Do you know who signed the item?  Yes  No If Yes, please provide details: \_\_\_\_\_

**Counterfeit Check:** The item presented is an imitation of a check that neither I, nor anyone authorized by me, authenticated said check in the form now presented. I did not negotiate the item or benefit from any proceeds of the item.

**Check Altered: Check Amount Altered:** The amount of the instrument described on this form hereof was raised from the original amount showed to the raised amount of: \_\_\_\_\_. I did not raise the amount of the instrument nor authorize such. I received no part of the amount of the instrument in excess of the original amount nor was any part of the excess amount applied to any use of purpose on my behalf.

**Payee Name Altered:** The Payee's name on the instrument described on this form hereof was altered to make it payable to: \_\_\_\_\_ . I did not alter the Payee's name or authorize such alteration.

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**TO: Campus Federal Credit Union: I declare that the statement on this form indicated by the "Type of Claim" marked above is true.**

**I ALSO DECLARE THAT: I did not receive any benefit or value from the proceeds of the instrument and no proceeds were applied to any use or purpose on my behalf. I have not arranged with the person(s) who misused the instrument to be reimbursed from the proceeds of the instrument. I promise to testify or certify to the truth of all applicable statements in this affidavit before any competent judge, officer of a court, or other person, in any case now pending or which may occur regarding this affidavit.**

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

Signature: \_\_\_\_\_