

**AFFIDAVIT OF
FORGED/ALTERED/UNAUTHORIZED
DRAFT**



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Fairfield, NJ 07004
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International Calls: 1-973-808-3244
www.psfcu.com www.NaszaUnia.com

State of: _____

County of: _____

I, _____, make this statement under oath.

1. I have examined the draft/check # _____ drawn on account # _____, dated as of _____, payable through Polish & Slavic FCU, drawn by _____ (insert name of person writing the check), in the sum of \$ _____ Dollars, and payable to _____.

2. I further depose and state that upon examination of the above mentioned check I discovered that the Check was not authorized by me or anyone acting on my behalf. I state that (*select one*):

Counterfeit -The Unauthorized Check was created without my knowledge, agreement or consent whether implied or otherwise nor did I directly or indirectly authorize any party to issue the Unauthorized Check. I have not received directly or indirectly any benefit, money, goods or services as a result of the Unauthorized Check, and I have not authorized any persons(s) or other entity to receive any benefit, goods, money, or services.

Forged Maker/Drawer (Signature) -The signature on the Unauthorized Check is not mine nor did I authorize anyone to sign, stamp, or otherwise indicate my consent to the issuance of the Unauthorized Check. I have not received directly or indirectly any benefit, money, goods, or services as a result of the Unauthorized Check, and I have not directly or indirectly authorized any person(s) or other entity to receive any benefit, money, goods, or services related thereto.

Unauthorized Demand Draft - The draft was not initiated at my request, approval or direction nor did I directly or indirectly authorize any other party to initiate it. I have not received directly or indirectly any benefit, money, goods, or services as a result of the unauthorized draft, and I have not directly or indirectly authorized any person(s) or other entity to receive any benefit, goods, money, or services related thereto.

Unauthorized Remotely Created Check - The remotely created check was not created at my request, approval or direction, nor did I otherwise indicate my consent to the creation of the remote check in the amount stated on the check and to the payee stated on the check.

Alteration - The following alteration was made to the Unauthorized Check:
Initial Payee: _____ Altered to _____
Initial Amount \$ _____ Altered to \$ _____. This alteration was not directly or indirectly authorized by me nor did I authorize anyone directly or indirectly to alter the Unauthorized Check. I have not received directly or indirectly any benefit, goods, money, or services as a result of the Unauthorized Check, and I have not directly or indirectly authorized any person(s) or other entity to receive any benefit, goods, services, or money related thereto.

Forged Endorsement/Missing Endorsement/Not Endorsed as Drawn - I have reviewed the Unauthorized Check and determined that the endorsement on it is not mine nor did I authorize anyone to endorse the check on my behalf. I have not received directly or indirectly any benefit, goods, money, or services as a result of this check, and I have not directly or indirectly authorized any person(s) or other entity to receive any benefit, goods, services, or money related to this check.

I further depose and say that the Unauthorized Check was not originated or issued with fraudulent intent by me or any person acting on my behalf or in concert with me, and that the signature below is my proper signature.

Further, I agree to cooperate in any internal or other investigation and/or legal action taken with regard to this matter. I authorize the release of information related to the fraud to law enforcement for the purpose of assisting them in the investigation and potential prosecution of the person(s) who committed this fraud. I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

Dated: _____ Signature: _____

Subscribed and sworn in my presence by _____

on this _____ day of _____ in the year _____.

Notary Public My Commission Expires: _____