

AFFIDAVIT OF FORGERY OR FRAUDULENT USE



Account Information

ACCOUNT NUMBER	PERSON NUMBER
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Affiant Information

NAME OF AFFIANT #1 (please print)	NAME OF AFFIANT #2	
RESIDING AT	CITY OF	STATE OF

Checks

DESCRIPTION OF ITEM	ITEM OR CHECK NUMBER	DATED	AMOUNT
NAME OF MAKER	NAME OF PAYEE		

I / We, as Affiant / Claimant, declare that the boxes initialed below and the statement(s) following those boxes are true.

INITIALS	<input type="checkbox"/> Maker's Signature is Forged The maker's signature of _____ on the above item is a forgery. I did not sign the item and I did not authorize the signature in any way.
INITIALS	<input type="checkbox"/> Forged Endorsement The endorsement of _____ on the above item is a forgery. I did not write or authorize the endorsement. Note: For depositing financial institutions to compare signature. Have intended payee complete an Affidavit of Forgery. If a business, have the intended payee state that they are a representative of the business.
INITIALS	<input type="checkbox"/> Altered Check Amount The amount of the above item was altered from the original amount of \$ _____ to the amount of \$ _____. I did not alter the amount nor did I authorize the change. Note: Provide proof of the alteration (i.e., carbon copy of the check or invoice).
INITIALS	<input type="checkbox"/> Payee Name Alteration The above item has had the payee altered from _____ to _____. The alteration was made by either an unknown person or the person listed herein _____. I did not alter the payee nor did I authorize the change of payee in any way. Note: Provide proof of the alteration (i.e., carbon copy of the check or invoice).
INITIALS	<input type="checkbox"/> Unauthorized Maker's Signature or Authorization The maker's signature or authorization of _____ on the above item is not authorized and has no authority to use this account.

Please describe the circumstances under which this fraud or forgery occurred.

LAW ENFORCEMENT AGENCY	CASE NUMBER
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NOTES

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Item Information

ITEM OR CHECK NUMBER	DATED	AMOUNT
NAME OF MAKER	NAME OF PAYEE	
ITEM OR CHECK NUMBER	DATED	AMOUNT
NAME OF MAKER	NAME OF PAYEE	
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NAME OF MAKER	NAME OF PAYEE	

AFFIDAVIT OF FORGERY OR FRAUDULENT USE



Item Information (cont.)

ITEM OR CHECK NUMBER	DATED	AMOUNT
NAME OF MAKER	NAME OF PAYEE	
ITEM OR CHECK NUMBER	DATED	AMOUNT
NAME OF MAKER	NAME OF PAYEE	
ITEM OR CHECK NUMBER	DATED	AMOUNT
NAME OF MAKER	NAME OF PAYEE	
ITEM OR CHECK NUMBER	DATED	AMOUNT
NAME OF MAKER	NAME OF PAYEE	

Acknowledgement

I / We have not received any part of the proceeds from this check / plastic card and will not benefit in any way whatsoever, directly or indirectly, from this forgery and / or fraudulent transaction.

I / We authorize the Boeing Employees' Credit Union or any other victim of these actions outlined above to initiate criminal proceedings against the individual(s) that have forged or defrauded my/our name. If I / we at any time receive any restitution for this claim, I / we will promptly remit the funds to the Boeing Employees' Credit Union. I / We recognize that false statements made in this affidavit with the knowledge of their falsity may subject me / us to civil liability and criminal penalties.

By signing this form, I authorize BECU to disclose any and all information associated with this claim / incident, which may include account data, to law enforcement for the purposes of the investigation.

Signature(s)

SIGNATURE OF AFFIANT #1	DATE
SIGNATURE OF AFFIANT #2	DATE

Notary Public

State of Washington, County of	SWORN BEFORE ME THIS day of ,	NOTARY SEAL
NAME OF NOTARY (typed or printed)		
RESIDING AT		
NOTARY PUBLIC'S SIGNATURE	MY COMMISSION EXPIRES	