

1. I am first duly sworn and state I am -

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number Home \_\_\_\_\_ Work \_\_\_\_\_

2. The instrument(s) forged is/are a: (Check the appropriate box)

- Check  Cash Withdrawal Voucher  
 Share Draft  Loan Note (including Co-maker forgery)  
 Other (specify) \_\_\_\_\_

3. The instrument(s) is/are drawn on \_\_\_\_\_

4. On the instrument(s) I am named as the: (Check the appropriate box)

- Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher)  
 Maker (on note or face of share draft/check)  
 Comaker (on a loan)  
 Other (specify) \_\_\_\_\_

5. This signature for each instrument(s) listed below and attached to this affidavit is not written not authorized by me and is a forgery.

<b>Date</b>	<b>Instrument Number</b>	<b>Dollar Amount</b>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____

6. I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.

7. Do you know who forged your signature?  Yes  No If yes, provide details on a separate page or the back of this page.

8. Was this incident reported to the police?  Yes  No If yes, please provide department info \_\_\_\_\_

9. I give my consent 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.

10. I swear this affidavit is true and understand 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 \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
**Notary Public**