



Affidavit of Forgery, Unauthorized, Altered, or Remotely Created

Member Name: _____ Account Number: _____

Transaction Details:

Date:	Amount:	Check Number:	Payee:
_____	_____	_____	_____
Date:	Amount:	Check Number:	Payee:
_____	_____	_____	_____
Date:	Amount:	Check Number:	Payee:
_____	_____	_____	_____
Date:	Amount:	Check Number:	Payee:
_____	_____	_____	_____
Date:	Amount:	Check Number:	Payee:
_____	_____	_____	_____

I hereby state that I have examined the check/withdrawal/deposit item described above and that the payment of the item was not authorized by me due to:

FORGED ENDORSEMENT. That I am the named payee on the below mentioned check; That I did not endorse the check personally, nor was it endorsed by anyone at my request or with my knowledge, consent, or understanding; nor have I received any proceeds or benefits whatsoever from the check, either directly or indirectly.

COUNTERFEIT ITEM. That the check(s) are counterfeit(s) as said check(s) bearing my account information is/are a replication that was not issued by me.

FORGED SIGNATURE OF MAKER. That I did not sign the check or savings withdrawal as maker personally, nor was it signed by anyone at my request or with my knowledge, consent, or understanding; nor have I received any proceeds or benefits whatsoever, either directly or indirectly.

MISSING/IMPROPER ENDORSEMENT. That I am the person named as the payee of said check(s)/withdrawal(s) and I never received any of the proceeds thereof or benefited in any way from the proceeds.

ALTERATION. That the check issued was changed after it left my possession and that the alteration was made without my knowledge, consent, or understanding; nor have I received any proceeds or benefits whatsoever, either directly or indirectly from the alteration.

UNAUTHORIZED REMOTELY CREATED CHECK. That I did not authorize the issuance of the check in the amount stated on the check to the payee stated on the check.

On the reverse side of this document, please provide any information you may have regarding the negotiation of this instrument. (If none, please state "none"):

I agree to assist Publix Employees Federal Credit Union and appropriate law enforcement authorities in any investigation and if needed, be a witness in any hearing, proceeding or action brought against the person(s) responsible for the forgery, alteration, or unauthorized draft. I have accurately and fully reported to Publix Employees Federal Credit Union all the information, knowledge, or facts that I possess concerning the forgery, alteration or unauthorized draft and should anything else concerning the forgery, alteration or unauthorized draft come to my attention, I will immediately report it to Publix Employees Federal Credit Union. Under penalty of perjury, I affirm that the information in this affidavit is complete, true and correct. This affidavit is made voluntarily and for the purpose of establishing the claim of forgery.

Member Signature: _____ **Date Signed:** _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____
by _____ and _____ proved to me on this basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public's Signature: _____ My commission expires: _____

(NOTARY SEAL)