



banking done different

1440 Rosecrans Avenue, Manhattan Beach, CA 90266
800.854.9846 | kinecta.org

Affidavit of Check/Account Fraud

Member Name _____ Member # _____ Share ID _____

SECTION 1

Please select the appropriate box:

- Signature Forged:** My signature on the face of the check(s) listed below is a forgery. I did not sign the check(s) and I did not authorize the signature.
- Endorsement Forged:** My endorsement on the back of the check(s) listed below is forged, missing, or incorrectly endorsed. I did not sign the check(s) and I did not authorize the signature(s).
- Counterfeit:** The check(s) are an imitation of checks drawn on my account. I did not create, sign or authorize the creation or signatures of the checks listed below.
- Altered:** The check(s) below have unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the check(s).
- Unauthorized Draft:** I did not authorize or approve the creation or payment of this item. Bill Pay Withdrawal Remotely Created Check
- Other:** Non-receipt of Funds Over the Counter Withdrawals (Provide details of transaction below)

SECTION 2

Please include the following information for each fraudulent check and/or transaction:

**If you have more than 3 items to list please also complete the "Addendum of Affidavit of Check/Account Fraud". If the check is ALTERED, please provide details in the box below of the originally issued item - Check #, Date, Amount, Payee (include the carbon copy of check with claim if available).*

Check #	Date	Amount \$	Made Payable to (transaction information)
Additional Information			
Check #	Date	Amount \$	Made Payable to (transaction information)
Additional Information			
Check #	Date	Amount \$	Made Payable to (transaction information)
Additional Information			

Claim Total _____

SECTION 3

Please provide us with the following information to assist us in our investigation. Include any names of individuals you believe may be involved and contact information, including addresses, phone numbers, etc.

1. Do you know or suspect any person(s) who may have committed the theft/unauthorized use? Yes No
 - a. If yes, who? _____
 - b. Has this person previously signed your name on any checks or other items? Yes No
 - c. If yes, describe the circumstances, including when. _____
2. Have you carefully examined all of the items in question? Yes No
3. Have you ever authorized anyone on your behalf, either orally or in writing, to sign, endorse or alter said items? Yes No
 - a. If yes, who _____
4. When did you become aware that forged/unauthorized items were paid on your account and what action(s) did you take, if any?

5. If checks are involved, did you have your checkbook on the date the item was written? Yes No
 - a. On the date the forgery was discovered? Yes No
 - b. Is the checkbook in your possession now? Yes No



banking done different

1440 Rosecrans Avenue, Manhattan Beach, CA 90266
800.854.9846 | kinecta.org

Affidavit of Check/Account Fraud

SECTION 3 (cont'd)

6. Has this or a similar situation happened to you before? Yes No

a. If yes, describe what happened and any suspects involved. _____

7. Have you reported the stolen/forged/unauthorized item(s) to the police? Yes No

a. If yes, Name and Location of law enforcement agency. _____
Officer Name _____ Report # _____

8. Are you aware of any other pertinent information not included in this document Yes No

a. If yes, describe what it is. _____

SECTION 4

By signing below, you are making the following declarations:

- I did not receive any benefit or value from the proceeds of the check(s) (or transactions) listed in this form.
 - I have not arranged with the person(s) who misused the item(s) listed in this form to be reimbursed for any portion of the proceeds of the item(s).
 - I have not authorized anyone, either orally or in writing, to act on my behalf by writing, signing, endorsing or altering the items in question.
- I understand this forgery is subject to investigation by local, state, and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.

Please sign your name five times: _____

I declare under the penalty of perjury that the above stated is true and accurate.

Member Signature (If a business account, include your title)	Date
Member Address	Phone#
Payee/endorser signature (Forged endorsement claims only)	
Signature of Payee/Endorser (If a business account, include your title)	Date

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

State of _____ County of _____

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

(Seal) _____ Signature of Notary

CREDIT UNION USE ONLY

MSC/Department Name/Number	Rep Name/Teller #	Date
Account Number Changed or Share Closed <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain		