Upon receipt of this completed packet, Kinecta Federal Credit Union will research your claim. The Credit Union will resolve your claim within 10 business days or will contact you directly for additional information.

Please contact
800.854.9846
if you have additional questions regarding your claim.

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Manhattan Beach, CA 90266
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COMPLETING AN AFFIDAVIT OF CHECK / ACCOUNT FRAUD

GENERAL INFORMATION:

An Affidavit of Check / Account Fraud is required whenever any item drawn on your Kinecta Federal Credit Union account (s) is fraudulently negotiated in any manner. This includes forging your signature on a check, deposit or withdrawal receipt; forging your endorsement on the back of a check and/or any alteration of a check, deposit or withdrawal receipt.

A timely completion of this Affidavit is important to the resolution of your claim.

We advise that you complete and return the Affidavit within 7 business days of reporting the fraud activity to Kinecta Federal Credit Union to ensure a prompt resolution.

BEFORE you proceed with this claim, please be aware that a false declaration could subject you to criminal prosecution for perjury. Once this claim is completed and presented to Kinecta, the Credit Union may provide it to law enforcement agencies.

COMPLETING THE AFFIDAVIT:

Enclosed in this packet is a Kinecta Federal Credit Union Affidavit of Check / Account Fraud ("Affidavit"). All pages of the document must be filled out completely, legible and in ink. Be sure to sign your name (as it appears on your account) and date the document. A notarized signature is required on this document. If the original item being claimed as forged / unauthorized / altered is in your possession, the original MUST be returned with the completed Affidavit.

The enclosed Affidavit includes a return envelope. If you choose to submit the completed Affidavit and all attachments to Kinecta by U.S. Mail, please use this envelope. Write your return address on the upper left hand front corner of the envelope and ensure the envelope has the proper postage.

You may choose to return the completed Affidavit and all attachments directly to any Kinecta location. The branch will forward the completed claim to the Investigations Department for processing.

Be sure to make a copy of the completed forms for your records.

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AFFIDAVIT OF CHECK / ACCOUNT FRAUD

MEMBER NAME	KINECTA MEMBERSHIP NUMBER	DATE

☐ Signature Forged	☐ Endorsement Forged	☐ Counterfeit	☐ Altered	☐ Unauthorized Draft	☐ Other
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	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)	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.	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).	I did not authorize or approve the creation or payment of this item ☐ Bill Pay Withdrawal ☐ Remotely Created Check	☐ Non-receipt of Funds ☐ Over the Counter Withdrawals (Provide details of transaction Below)

Please include the following information for each fraudulent check:
*If you have more than 3 checks to list please use the "Addendum to Affidavit of Check Fraud"

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CLAIM TOTAL:

Police Report Information (Case # / Police Department):

Suspect Information (if known):

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AFFIDAVIT OF CHECK / ACCOUNT FRAUD

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 above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(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 will cooperate in any investigation, promptly disclose any information requested by Kinecta Federal Credit Union, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any legal case which may result from this affidavit.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE AND ACCURATE.

Member Signature (If a Business account, your Title)	Date
Member Address	Phone Number

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

THE STATE OF CALIFORNIA

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.

Signature_____
Printed or Typed Name of Notary

_____
My Commission Expires _____

[seal]

CREDIT UNION USE ONLY			
MSC / DEPT NAME / NUMBER	REP NAME / TELLER #	DATE	MEMBERSHIP NUMBER OR SHARE TYPE CHANGED ☐ YES ☐ NO If NO, please explain

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AFFIDAVIT OF CHECK / ACCOUNT FRAUD

ADDENDUM TO AFFIDAVIT OF CHECK FRAUD

MEMBER NAME	MEMBERSHIP NUMBER	TYPE OF FRAUD: ☐ FORGERY ☐ COUNTERFEIT ☐ ALTERED ☐ UNAUTHORIZED DRAFT ☐ OTHER

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available:

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim):

TOTAL DOLLAR AMOUNT OF CHECKS LISTED ON THIS PAGE: $_____

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE AND ACCURATE.

Member Signature (If a Business account, your Title)	Date
Member Address	Phone Number

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.

THE STATE OF CALIFORNIA

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.

Signature_____
Printed or Typed Name of Notary

_____
My Commission Expires _____

[seal]

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Please follow the instructions below when completing the Affidavit. Each area on the sample Affidavit has been numbered. The instruction numbers match the area of the sample Affidavit:

1. **Member name:** Please enter your complete name as it appears on your account with Kinecta Federal Credit Union.
2. **Kinecta Membership Number:** Enter the account number involved in the claim. You will be required to complete a separate Affidavit for each account, if more than one account is involved.
3. **Date:** Enter today's date.

RETAILSERVICES

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AFFIDAVIT OF CHECK / ACCOUNT FRAUD

MEMBER NAME (1)	KINECTA MEMBERSHIP NUMBER (2)	DATE (3)

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Select type of fraud involved:

4. **Signature Forged:** Select this box if your signature on the face (front) of the check(s) listed in the Affidavit was forged and you did not sign or authorize the signing of the item(s) in question.
5. **Endorsement Forged:** Select this box if the check if your endorsement of the back of the check(s) listed in the claim was forged, missing or incorrectly endorsed and your neither signed or authorized the signing of the item(s) in question.
6. **Counterfeit:** Select this box if the check(s) listed in the claim are an imitation of the legitimate checks drawn on your account and you did not create, sign or authorize the creation of the item in question.
7. **Altered:** Select this box if the check(s) listed in the claim have unauthorized alterations, specifically if the payee or the amount has been altered without your direct or indirect authorization.
8. **Unauthorized Draft:** Select this box if an unauthorized payment in form of a Bill Pay Withdrawal or a Remotely Created check (Electronic Draft) was negotiated against your account.
9. **Other:** Select" Non-receipt of Funds" if an electronic draft payment was issued from your account but not received and negotiated by the intended company/debtor. Select "Over the Counter Withdrawals" if an unauthorized cash or check withdrawal was performed against your account at a branch facility.

☐ Signature Forged (4)	☐ Endorsement Forged (5)	☐ Counterfeit (6)	☐ Altered (7)	☐ Unauthorized Draft (8)	☐ Other (9)
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	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)	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.	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).	I did not authorize or approve the creation or payment of this item ☐ Bill Pay Withdrawal ☐ Remotely Created Check	☐ Non-receipt of Funds ☐ Over the Counter Withdrawals (Provide details of transaction Below)

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Please provide a description of the item(s) involved:

10. **Check Number:** Enter the check number to be included in the claim. If there is more than one item in the claim, list each check on a separate line.
    10a. If the item is altered, use the space beneath to provide details of the originally issued item, including the check number, amount, payee and issue date. For altered claims, please provide a copy of the carbon of the check with the claim.

If the claim includes more than three items. List the reminder of the checks on the "Addendum to Affidavit of Check Fraud"

11. **Date:** Enter the date of the check as it appears on the item. If the claim is for unauthorized Over the Counter Withdrawal, enter the date of the transaction.
12. **Amount:** Enter the dollar amount of the item paid against the account.
13. **Made Payable To:** Enter the information written in the "Payable To" line of the item paid against the account.
14. **Claim Total:** Enter the total amount of the checks/transactions listed.

Please include the following information for each fraudulent check:
*If you have more than 3 checks to list please use the "Addendum to Affidavit of Check Fraud"

CHECK# (10)	DATE (11)	AMOUNT (12)	MADE PAYABLE TO (TRANSACTION INFORMATION) (13)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

(10a)

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CLAIM TOTAL: (14)

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15. **Police report Information:** if a police report has been filled, enter the case number and the name of the police department where it was filled.
16. **Suspect Information:** if you know, suspect someone who is responsible for or who knows about the fraudulent activity, enter name(s), address(es) and phone number(s). If you don't have this information enter "I don't know".

Police Report Information (Case # / Police Department): 15

Suspect Information (if known): 16

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17. **Declaration and Notarized Signature:** The Affidavit must be notarized, whether it has been completed in a local Kinecta branch, or is being sent through the mail. This document must be complete and must contain any supporting documentation. The Addendum must be signed and notarized as well, if attached.
18. **Payee/Endorser:** If the claim involves a forged endorsement item, the true and intended payee must sign and date the document in front of a notary.
19. This section is for **Credit Union Use ONLY**.

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 above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(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 will cooperate in any investigation, promptly disclose any information requested by Kinecta Federal Credit Union, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any legal case which may result from this affidavit.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE AND ACCURATE.

17

Member Signature (If a Business account, your Title)	Date
Member Address	Phone Number

PAYEE/ENDORSER SIGNATURE (FORGED ENDORSEMENT CLAIMS ONLY)

18

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

THE STATE OF CALIFORNIA

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.

Signature_____
Printed or Typed Name of Notary

_____
My Commission Expires _____

[seal]

19

CREDIT UNION USE ONLY			
MSC / DEPT NAME / NUMBER	REP NAME / TELLER #	DATE	MEMBERSHIP NUMBER OR SHARE TYPE CHANGED ☐ YES ☐ NO If NO, please explain

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20. Addendum to Affidavit: This page is to be used if your claim involves multiple items that have been forged, altered and/or unauthorized in the same manner (i.e., five checks each having the same forged maker's signature on them).

Please fill all the information requested. Enter each additional claimed item on it's own line. Add the dollar amount of all items and write the total in the space provided. Sign and date the Addendum in the spaces are the bottom. This form must also be notarized. If the Addendum is used in your claim, it must be included withy the affidavit and all other supporting documentation in the envelope provided by Kinecta Federal Credit Union.

20

ADDENDUM TO AFFIDAVIT OF CHECK FRAUD

MEMBER NAME	MEMBERSHIP NUMBER	TYPE OF FRAUD: ☐ FORGERY ☐ COUNTERFEIT ☐ ALTERED ☐ UNAUTHORIZED DRAFT ☐ OTHER

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available:

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim if available):

CHECK#	DATE	AMOUNT	MADE PAYABLE TO (TRANSACTION INFORMATION)

If this check is ALTERED, please provide details in the box below of the originally issued item - check #, Amount, Payee, Issue Date (include the carbon copy of check with claim):

TOTAL DOLLAR AMOUNT OF CHECKS LISTED ON THIS PAGE: $_____

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE AND ACCURATE.

Member Signature (If a Business account, your Title)	Date
Member Address	Phone Number

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.

THE STATE OF CALIFORNIA

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.

Signature_____
Printed or Typed Name of Notary

_____
My Commission Expires _____