

# Affidavit of Forgery



Form Instructions: 1 — Complete all applicable areas on the form and sign and date in the signature area.	2 — Print and mail a copy of this notarized form to: Delta Community Credit Union, ATTN: Deposit Services P.O. Box 20541 Atlanta, GA 30320-2541 or fax to: 470-351-6581
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Date: \_\_\_\_\_

Member Account Number: \_\_\_\_\_ Checking Account: \_\_\_\_\_

1. I am first duly sworn and state I am: Name: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

2. The check(s) is/are drawn on: Delta Community Credit Union

3. On the check(s) I am named as the: (check appropriate choice)

Payee/Endorser (on back of check)

Maker (on note or front of check)

4. Do you know who forged your signature or has possession of your checks?    Yes    No

(If yes, please provide details on a separate page.)

5. By signing below, I declare that the signature for each check(s) listed below was not written nor authorized by me and is a forgery. I did not receive any part of the proceeds of the check(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery. I understand this forgery is subject to investigation by local, state, and/or state and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony. I understand making a false sworn statement to federal and/or state statutes may be punishable by fines and/or imprisonment.



6. Please sign your name six times below:

Primary Member

Joint Owner

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Date Cleared	Unauthorized Check Number	Dollar Amount

NOTARY

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, Notary Public