Technology Credit Union
Fraudulent Activity Affidavit

I am first duly sworn and state I am:

Name_____ Account # _____

Mailing Address_____

City, State, Zip Code_____

Phone Number Home (___)_____ Work (___)_____

Email address:_____

☐ Signature Forged	☐ Endorsement Forged	☐ Counterfeit	☐ Altered	☐ Other
My signature on the face of the check/draft(s) listed below is a forgery. I did not sign the check/draft(s) and I did not authorize the signature.	My endorsement on the reverse of the check/draft(s) listed below is a forgery or otherwise incorrectly endorsed. I did not sign the check/draft(s) and/or I did not authorize the signature(s).	The check/draft(s) are an imitation of check/drafts drawn on my account. I did not create, sign, or authorized the creation or signatures of the checks/drafts listed below.	The check/draft(s) listed 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/draft(s).	Please explain:

Item #	Date	Amount	Made payable to:
Item #	Date	Amount	Made payable to:
Item #	Date	Amount	Made payable to:
Item #	Date	Amount	Made payable to:
Item #	Date	Amount	Made payable to:

Check here if you have included more items on an attached sheet in your claim total ☐

Claim total _____

Do you know who may be responsible for these incidents? ☐ Yes ☐ No
If yes, provide details on statement section of this form.

Law Enforcement Report Filed? ☐ No ☐ Yes Agency & Case #_____

techCU
TECHNOLOGY CREDIT UNION

Statement of Circumstance

Describe in detail the circumstances of the fraudulent activity and how you became aware of it. If more space is needed, attach additional sheets of paper.

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By signing below, you are making the following declarations:

- I did not receive any benefit or value from the proceeds of the items previously mentioned.
- I have made no arrangement with the person(s) involved to be reimbursed for any portion of the proceeds of the items.
- I understand my claim 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.
- I will cooperate in any investigation and promptly disclose information requested by the Credit Union.
- I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.
- All information I have provided in this document is true.

Signature of Claimant_____ Date _____

State of _____ County of_____

Subscribed and sworn to before me this _____ day of _____, (year)

_____ Notary Signature

Place Notary Stamp Here: