

4. **Other information** involving my claim (e.g., person suspected of wrongdoing):

5. **Loss.** Claimant(s) have incurred a loss of \$_____ as a result of the unauthorized action described in Section 1.

6. **Release of Information.** I give my consent to the credit union to release any information regarding my account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony.

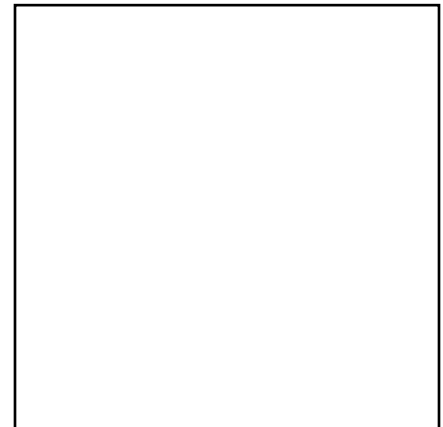
7. I swear this affidavit is true and understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Sign your name five times: _____

State of _____ County of _____

Subscribed and sworn to before me this ____ Day of _____ 20__

Notary Public _____



The security of your account is our priority. If you have lost your entire checkbook and feel that your entire account has been compromised, have any concerns or need assistance completing this Forged or Altered Check affidavit, please contact us toll-free in the U.S. 800.252.6950 or visit one of our [branch locations](#).

Please mail the completed form to Credit Union 1, 450 E. 22nd Street, Suite 250, Attn: Fraud Ops, Lombard, IL 60148 or visit one of our [branch locations](#).