

Description of Check – attach a copy of the check (front and back) or describe it below:

Item Type	<input type="checkbox"/> Check <input type="checkbox"/> Shared Branching Withdrawal <input type="checkbox"/> Loan Note <input type="checkbox"/> Other:		
Item Number		Name of Maker	
Item Amount		Name of Payee	
Item Date		Paying Bank	
Account No.		Depositing Bank	

Police Report

Police report filed: ☐ Yes ☐ No; If Yes, Police Report #: _____ and Police Department: _____.

Member Information

Claimant(s)			
Address		Phone Number	

Declaration

Each of us declares under penalty of perjury under the laws of the State of Illinois that the information set forth in this affidavit is true and correct with respect to the check described above:

1) Unauthorized Action

- ☐ Forged Signature: The signature of _____ is a forgery.
- ☐ Alteration: The following alterations were made to the check _____.
- ☐ Electronic Check: I did not authorize the check listed above.

2) Representations

Except as set forth in Section 4, I represent that the claimant(s) **have not**:

- Participated in, authorized, approved or ratified the action described in Section 1;
- Received proceeds or any direct or indirect benefit from the check;
- Been reimbursed or promised reimbursement (e.g., by the wrongdoer or an insurance company) for any loss suffered as a result of the unauthorized action described in Section 1;
- Made a claim for reimbursement or assigned or granted any right in the check (or any claim I may have related to the check) to others; or
- Discovered other unauthorized transaction involving my accounts with you or with any other institution during the past 12-months.

3) Discovery

The unauthorized transaction was first discovered on _____.

4) Other Information:

5) Loss

The 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 my testimony.

7) Declaration

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 imprisonment. **Sign your name five (5) times:**

X _____

X _____

X _____

X _____

X _____

Notary Acknowledgement

State of _____, County of _____.

Signed and sworn to (or affirmed) before me on _____ by _____

Date (MM/DD/YYYY)

Notary Public (Printed Name)

(Notary Seal)

Notary Public Signature

Member Instructions

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. at 800-252-6950 or visit any of our branch locations during normal business hours.

Please provide the completed and notarized form to us at any of the following:

Email: fraud@creditunion1.org

Mail: Credit Union 1, Attn: Fraud Ops, 450 E. 22nd Street, Suite 250, Lombard, IL 60148

CU1 Location(s): You can visit any of our branches, using the following URL to find your nearest branch: www.creditunion1.org/locations