Allied Solutions

AFFIDAVIT OF FRAUD

PART 1: CLAIMANT INFORMATION

I am first duly sworn and state I am:

_____
Claimant Name

_____
Claimant Street Address

_____
City *State* *Zip Code*

_____
Phone Number

PART 2: TYPE OF CLAIM

Please check only ONE claim type below: See page three for a sample check.

☐ Forged Maker Signature *(on note or face of share draft/check)*
The signature for each instrument listed below and attached to this affidavit is not written or authorized by me and is a forgery.
Do you know who forged your signature? ☐ yes ☒ no If yes, provide details on a separate page or the back of this page.

☐ Forged, Unauthorized, or Missing Endorsement *(on back of check/share draft or bottom of withdrawal voucher)*

☐ Counterfeit/Fictitious Check

☐ Altered Check (*Please also complete the section that follows)*

The following alteration(s) was/were made by someone who had no authority to do so: *(You may complete more than one box:)*

☐ The amount of the check was changed from $_____ to $_____.
☐ The payee's name was changed from _____
to _____.

☐ Forged Co-maker signature *(on a loan)*

☐ Other *(specify below)*

_____
_____

Was this incident reported to the police? ☐ yes ☐ no
If yes, please provide police department information:

_____

This declaration pertains to the instrument(s) listed below.

Instrument Number	*Date*	*Dollar Amount*
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

PART 3: REPRESENTATIONS AND WARRANTIES

I represent and warrant that in executing this declaration, I am acting with full power and sole authority to do so. I make the following additional representations and warranties with the intent that law enforcement agencies and the financial institution(s) involved will rely upon them.

Neither I, nor anyone else representing the claimant, has:

- Authorized, approved, or ratified the action(s) described in Section 2;
- Received proceeds or any direct or indirect benefit or value from the item described in Section 2;
- Been, or arranged to be, reimbursed for any loss suffered as a result of the unauthorized action described above in Section 2;
- Made any other claim for reimbursement, or assigned or granted any right in the check/item described in Section 2, or any claim related to the check/item described in Section 2 to others;
- Discovered any other unauthorized transactions involving any accounts with this financial institution or with any other financial institution;

I certify this affidavit is made voluntarily for the purpose of establishing the claim in Section 2. I give my consent to the financial institution 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. I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

_____

Claimant (print name)

_____

Signature of Claimant *Date*

PART 4: NOTARY

_____

State of *County of*

Subscribed and sworn before me this _____ day of _____, 20_____,

Witness my hand and official seal:

[SEAL]

_____

Signature of Notary Public

_____

Print Name of Notary Public

SAMPLE CHECK:

