# AFFIDAVIT OF FORGED, COUNTERFEIT, OR ALTERED CHECK(S)

## SECTION 1 - MEMBER INFORMATION

| | | |
|---|---|---|
| | | |
| FIRST NAME | LAST NAME | ACCOUNT NUMBER |
| | | |
| ADDRESS | CITY/STATE/ZIP | HOME/CELL NUMBER |

## SECTION 2 - CHECK INFORMATION

| | | | |
|---|---|---|---|
| | | | |
| DATE CLEARED | AMOUNT | CHECK # | PAY TO THE ORDER OF |
| | | | |
| DATE CLEARED | AMOUNT | CHECK # | PAY TO THE ORDER OF |
| | | | |
| DATE CLEARED | AMOUNT | CHECK # | PAY TO THE ORDER OF |

## SECTION 3 - AFFIDAVIT

Initial option below that describes the claim (forged, counterfeit, or altered).

_____**FORGED SIGNATURE** – I/We did not sign the check(s) and did not request or consent to signature by another person.

_____**COUNTERFEIT** – Check(s) not issued by me/us, replication using my/our valid account information has occurred.

_____**ALTERED** - Altered amount and/or payee on check(s), I did not authorize any alteration.

- Amount(s) altered from $_____ to $_____
- Payee(s) altered from _____ to _____

## SECTION 4 - ADDITIONAL INFORMATION

Provide requested documentation and additional details below.
Initial when completed/provided or note N/A if not applicable.
Please email documentation to checkprocessing@tvacreditunion.com.

____ **Provide carbon copy/copies.**

____ **Provide copy of police report.**

| | |
|---|---|
| Case Number | |
| Police Department | |
| Officer Name | |

____**Check(s) mailed (indicate from where)**

___☐ my home (placed in mailbox at residence)
___☐ outdoor Post Office box (street drop off – standalone USPS mailbox)
___☐ inside Post Office (dropped with clerk or inside lobby box)

____**Check(s) stolen.**

Check Number(s) _____ - _____

KNOXVILLE TVA EMPLOYEES CREDIT UNION

I/We, the above-named person(s), **AND AFTER BEING DULY SWORN**, state that I/we have reviewed the attached document and the details provided above are true and accurate. I/We acknowledge and affirm that the foregoing statement is made of free will and accord and is for the express purpose of establishing the fact that the check(s) detailed above was/were forged, counterfeit, or altered without my/our knowledge. I/We did not receive any benefits or proceeds as a result of the check(s) in this claim. I/We will assist the appropriate authorities and/or the Credit Union personnel in any manner whatsoever in the investigation and/or prosecution of this matter.

I/We have read the foregoing statement and acknowledge and affirm its truth and accuracy to the best of my/our belief and knowledge. I/We understand making a false sworn statement is subject to Federal and/or state statutes which may be punishable by fines and/or imprisonment.

**By signing, I/we declare that the statement(s) contained in this Affidavit, including the statements in the boxes I have initialed, are true and correct.**

Member's Signature _____ Date _____

Member's Signature _____ Date _____

Additional Comments Below (Optional)

_____

_____

_____

_____

## NOTARY PUBLIC

Notarized in the state of _____and in the county of _____.The above affidavit was subscribed and sworn to before me by _____ on _____.
*(Printed Name)* *(Date)*

Notary Signature _____ Date _____

*(NOTARY STAMP BELOW)*