

Please Read Before Proceeding

1. Use this Affidavit when returning a check that has been negotiated in any way listed below.
2. **This Affidavit must be SIGNED and NOTARIZED.**
3. We will be unable to process your claim until we have received all of the required information and/or documentation.
4. Return the form(s) to DFCU Financial using one of the following methods:

Deliver in person to any DFCU Financial branch location.

Or

Mail to:
DFCU Financial
PO Box 6048
Dearborn, MI 48121-9853

5. Monitor your mail and respond promptly to requests for additional information. Failure to respond by the provided deadlines could result in error denial and reversal of any provisional credits posted to your account.

STATE OF _____)

ss.

AFFIDAVIT OF:

COUNTY OF _____)

- Forged Endorsement (Completed by PAYEE)**
- Forged Drawer (MAKER)**
- Altered Amount**
- Altered Payee**
- Lack of Endorsement/Not Endorsed As Drawn**
- Counterfeit Item**
- Payee Claims Non Receipt of Funds**
- Unauthorized Check by Phone Debit**

I, _____, being duly sworn, depose and state the following:
(Name of Consumer)

1. That I have examined the attached check, drawn on Account _____, and dated _____ as of _____, with the check number of _____: payable through _____; drawn by _____, in the sum of _____ Dollars (\$_____); and payable to the following _____.

2. I further state that the following has been discovered on the check:

- Forged Endorsement:** That the signature as endorser on the above noted check was not made by me nor was it placed upon said check with my knowledge or consent and I have not benefited in any way from the issuance or negotiation of the above check.
- Forged Drawer:** That the signature appearing as drawer on above noted check was not made by me nor was it placed upon said check with my knowledge or consent and that I have not benefited in any way from its issuance or negotiation.
- Altered Amount:** That an alteration in the check noted above was made, thereby changing the amount from \$_____ to a new and unauthorized amount of \$_____.

- Altered Payee:** The check noted above was altered in that the original Payee of _____ was changed to _____.
- Lack of Endorsement/Not Endorsed as Drawn:** That the above noted check lacks the proper Endorsement as required or that the above check was not endorsed as Drawn.
- Counterfeit Item:** The item described above is counterfeit.
- Payee Claims Non Receipt of Funds**

For Unauthorized Check by Phone Debit (check only one)

- I have never authorized the above listed company to originate a check by phone to debit funds from any account at DFCU Financial.
- I authorized the above listed company to originate a check by phone to debit funds from an account at DFCU Financial but:
 - the amount I authorized is _____, or
 - I authorized the debit to be made to my account on or no earlier than _____ (month/day/year).
- I authorized the above listed company to originate a check by phone to debit funds from my account, but I revoked that authorization by notifying the company above in the manner specified in the original authorization.
Date authorization was revoked: _____
Revocation by:
 - Phone - provide name of person you spoke with: _____
 - US Mail - provide copy of letter
 - Email - provide copy of email
 - In Person

3. I again further state that I received no benefits, proceeds or consideration from the above check and that any and all alterations, forgeries or counterfeiting as noted above in the attached check occurred without my knowledge or consent.

4. That I:

- Do **not** know who is responsible for this forgery.
- Know who is responsible for this forgery (provide below).

Name(s): _____

5. That I understand that this forgery, alteration or counterfeit may be subject to an investigation by DFCU Financial or its assigns as well as local, state and/or federal law enforcement agencies and that I may be asked to file a police report in my home jurisdiction and to comply with court orders or subpoenas to give testimony as to the facts and statements contained on this affidavit.

Police Agency: _____

Report Number: _____

6. That I understand that making a false and/or misleading statement as sworn in this affidavit may subject me to various local, state or federal statutes and may be punishable by fines and/or imprisonment.



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

Check Fraud Affidavit

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7. That I currently reside at:

Mailing Street: _____

City: _____ State: _____ Zip: _____

As signed by me on the date below: _____

Acknowledged before me in _____ County, State of _____,
on the _____ day of _____, 20_____.

Notary Public's Signature

Notary Stamp

Affix Seal Here