

Affidavit of Forgery



Important: The person alleging forgery must complete this form in long hand.

Date: _____

Member Account Number: _____ Checking Account: _____

1. I am first duly sworn and state I am: Name: _____ Joint Owner: _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

2. The check(s) is/are drawn on: Delta Community Credit Union

3. On the check(s) I am named as the: (check appropriate choice)

Payee/Endorser (on back of check) Maker (on note or front of check)

4. Do you know who forged your signature or has possession of your checks? Yes No
(If yes, please provide details on a separate page.)

5. By signing below, I declare that the signature for each check(s) listed below was not written nor authorized by me and is a forgery. I did not receive any part of the proceeds of the check(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery. I understand this forgery is subject to investigation by local, state, and/or state and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony. I understand making a false sworn statement to federal and/or state statutes may be punishable by fines and/or imprisonment.

6. Please sign your name six times below:

Primary Member

Joint Owner

Date Cleared	Unauthorized Check Number	Dollar Amount

NOTARY

State of: _____ County of: _____

Subscribed and sworn to me this _____ day of _____, _____

_____, Notary Public

Please mail a copy of this notarized form to Delta Community Credit Union, 3250 Riverwood Parkway, Atlanta, GA 30339-6420 or Fax it to 404-677-4832. Please keep the original for your records.

04.18



3250 Riverwood Parkway | Atlanta | GA 30339-6420

Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com