

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	a 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 from	nt of check)
4. Do you know who forged your signa (If yes, please provide details on a	ature or has possession of your checks separate page.)	s?
is a forgery. I did not receive any part purpose of establishing the fact that m state, and/or state and/or federal law	of the proceeds of the check(s) listed a ny signature is a forgery. I understand t enforcement agencies. I may be require	ow was not written nor authorized by me and above. This affidavit is made voluntarily for the his forgery is subject to investigation by local, ed to comply with a court order or subpoena ad/or state statutes may be punishable by
6. Please sign your name six times be	elow:	
Primary Member		Joint Owner
Data Olasza I	Harrist and Object Newston	Dallas Assault
Date Cleared	Unauthorized Check Number	r 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 P. O. Box 20541 Atlanta, GA 30320-2541 or Fax it to 404-677-4832. Please keep the original for your records.



