

# Affidavit of Check Alteration



<b>Form Instructions</b> 1 – Complete all applicable fields 2 – Print completed form 3 – Sign and date the <b>Signature</b> section	<b>4 – Mail to:</b> Delta Community Credit Union ATTN: eBusiness Dept. 930/ATG <b>OR</b> P.O. Box 20541 Atlanta, GA 30320-2541 <b>OR</b> fax to: 404-677-4832
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I/We, the undersigned, hereby state under the penalties of perjury that the undersigned is the maker of Check Number \_\_\_\_\_ drawn on account number \_\_\_\_\_ in the name of \_\_\_\_\_ at [Delta Community Credit Union]; that said check was originally drawn in the amount of \$ \_\_\_\_\_ dollars, payable to \_\_\_\_\_; that said check has been altered by a person or persons unknown to me to [check and complete one or both of the following]:  
\_\_\_\_ change the amount to \$ \_\_\_\_\_  
\_\_\_\_ change the payee(s) to \_\_\_\_\_  
\_\_\_\_\_; and  
further, that I/we received no benefit from said alteration.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
By: \_\_\_\_\_

### 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. Please keep the original for your records.**



This credit union is federally insured by the National Credit Union Administration.