

## **Affidavit of Check Alteration**

Form Instructions

- 1 Complete all applicable fields
- 2 Print completed form
- 3 Sign and date the **Signature** section

4 - Mail to:

Delta Community Credit Union

ATTN: eBusiness

Dept. 930/ATG OR P.O. Box 20541

Atlanta, GA 30320-2541

OR fax to: 404-677-4832

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	t
further, that I/we received no benefit from said alteration.	
Signed this, 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 P. O. Box 20541 Atlanta, GA 30320-2541 or Fax it to 404-677-4832. Please keep the original for your records.



