



70 Westview Street
 Lexington, MA 02421
 617-253-2845
 www.mitfcu.org

AFFIDAVIT OF CHECK FRAUD

First Name: _____ **Last Name:** _____

Member Number: _____ **Phone Number:** _____

If your claim involves multiple checks, attach one affidavit per check claim and mark this box.

Check Number	Check Date	Amount	Payable To

Reason for Claim:

- Remotely Created Draft: I did not authorize the issuance of the check in the amount stated on the check to the payee stated on the check.
- Unauthorized, counterfeit, stolen or forged check(s) clearing my account.
- Improper Endorsement: The endorsement does not match the payee on the check(s).
- Missing Endorsement: Check not endorsed (payee non-receipt of funds).
- Endorser Altered Check: I (maker) did not alter the check or grant permission to alter this check, but the payee was changed to _____ from _____
 and/or the amount was changed to _____ from _____.

Do you know who perpetrated the fraud? (Provide name, address, relationship, etc.)

By signing this affidavit, I confirm that I did not receive any benefit of value from the proceeds of the check listed above. I have not arranged with the person(s) who negotiated the check to be reimbursed. I understand MIT Federal Credit Union will conduct an investigation into the claims made in this affidavit, and I agree to fully cooperate with MIT Federal Credit Union and/or any other law enforcement agency in their efforts to pursue and civil or criminal actions against any person associated with the above activity. I understand that if I refuse to cooperate, I will forfeit any claim to reimbursement from MIT Federal Credit Union. Under penalty of perjury, I affirm that the information in this affidavit is true.

Member Signature

Date

Printed Name

State/Commonwealth of _____ County of _____

Witness my hand and official seal on this the _____ day of _____, 20_____.

Notary Signature

Date

My Commission Expires: _____