

# Affidavit of Forgery



SF Fire Credit Union

**MEMBER INFORMATION**

**Important:** The person alleging forgery must complete this form in longhand

I am first duly sworn and state that I am

<b>Member Name</b>	<b>Member Number</b>	<b>Date</b>	<b>Claim Number</b>	<b>Claim Total</b> \$
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>

**CLAIM INFORMATION**

The instruments forged is/are  
 Check    Share Draft    Cash Withdrawal Voucher    Loan Note (Including Co-Maker Forgery)    Other \_\_\_\_\_

The instrument(s) is/are drawn on \_\_\_\_\_ (Institution Name)

On the instrument(s) I am named as:  
 Payee/Endorser (on back of the check/share draft or bottom of withdrawal voucher)  
 Maker (on note or face of share draft/check)    Co-maker (on loan)    Other \_\_\_\_\_

**FORGED INSTRUMENTS**

The signature for each instrument(s) listed below and attached to this affidavit is not written nor authorized by me and is a forgery

Date	Instrument Number	Dollar Amount

I did not receive any part of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.  
 Do you know who forged your signature?    Yes    No If yes, provide details on a separate page or the back of this page.

**SIGNATURE**

I understand this forgery is subject to investigation by local, 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 is subject to state and/or federal statutes and may be punishable by fines and/or by imprisonment.

**Sign your name five times**

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

*For Credit Union Use Only*

<b>Operator #</b>	<b>Date Received</b>	<b>Date Processed</b>	<b>Total Paid</b> \$
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# Authorization To Honor Checks



SF Fire Credit Union

Member Name		Member Number
Check Number	Amount	Payee
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

I hereby direct you to attempt to pay the above listed checks from my San Francisco Fire Credit Union checking account. I understand that this request will be valid for 10 business days from today's date. All checks presented on my closed checking account number after the 10<sup>th</sup> business day will be returned "Account Closed".

\_\_\_\_\_ Member Signature

\_\_\_\_\_ Date

***For Credit Union Use Only***

Reason for request: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <b>NOTE: If reason is "Lost", an explanation is required.</b>
Date Received: _____ Branch #: _____ Close Date: _____ New SDID: _____