

## AFFIDAVIT OF FORGED OR ALTERED CHECK

### PART 1: Claimant Information

I am first duly sworn and state I am:

Customer Name

Customer Address

City State Country Zip

Home Phone Work Phone Mobile Phone

Address shown above is my primary residence: No Yes

### PART 2: Check or Draft Information

Date Check Was Written (mm/dd/yyyy) Issued By (maker of the item) Date Check Was Drawn (mm/dd/yyyy)

Payable to the Order of Check Number Amount

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Payable to the Order of Check Number Amount

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## PART 3: Claim of Forgery or Alterations

Please sign your initials next to each appropriate claim of forgery or alteration.

On the check or draft, I am named as the PAYEE (the person or entity to whom the check is made payable):

\_\_\_\_\_ **Forged Endorsement:** The endorsement on the back of this item is a forgery. It is not written or authorized by me.  
Signed Initials

\_\_\_\_\_ **Missing Endorsement:** My endorsement is not on the back of this item nor did I authorize the transaction of the item.  
Signed Initials

\_\_\_\_\_ **Other:** Please explain. \_\_\_\_\_  
Signed Initials Explanation

On the check or draft, I am named as the MAKER (the person whose signature appears on the bottom right corner of the check):

\_\_\_\_\_ **Forged Maker's Signature:** The maker's signature on the front of this check is a forgery. It is not written by me and it is not authorized by me.  
Signed Initials

\_\_\_\_\_ **Amount Altered:** The amount of the check was altered from its original amount of \_\_\_\_\_ to \_\_\_\_\_ and I did not authorize this change.  
Signed Initials Amount Amount

\_\_\_\_\_ **Payee Altered:** The name of the payee(s) was altered from its original \_\_\_\_\_ to \_\_\_\_\_ and I did not authorize this change.  
Signed Initials Name of Payee(s) Name of Payee(s)

\_\_\_\_\_ **Other:** Please explain. \_\_\_\_\_  
Signed Initials Explanation

Do you know who forged your signature(s)?

No Yes If yes, provide details below

Details

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## PART 4: Signature Samples

Please sign your name 5 times.

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Signature 1

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Signature 2

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Signature 3

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Signature 4

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Signature 5

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## PART 5: Signature and Affidavit

I hereby certify that I did not receive any part of the proceeds of the check or draft(s) listed in this affidavit. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery and/or the check was altered from its original state.

I understand this forgery/alteration is subject to investigation by local, state and/or federal law enforcement agencies, in addition to the investigation that will be initiated by the bank. I understand that 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 federal and/or state statutes and may be punishable by fines and/or imprisonment.

Claimant (print name)

Signature of Claimant

## PART 6: Notary

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

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

by \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person  
Claimant

whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/ her authorized capacity, and that by his/her signature on the instrument the person or entity upon which the person acted, executed the instrument.

WITNESS my hand and official seal:

Seal:

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name of Notary Public

My commission expires: \_\_\_\_\_  
Date

### Instructions to the Claimant:

1. A copy of the check(s) or draft(s) in question must accompany this form.
2. If the checks or drafts are drawn on a financial institution other than SEI Cash Access, those copies must be bank-certified by the paying bank.
3. Send completed, notarized affidavit to:

SEI Cash Access Attn: Exceptions Dept.  
409 Silverside Road, Suite 105, Wilmington, DE 19809

4. Questions? Call 866.792.5412.