

growing your financial health

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AFFIDAVIT OF FORGERY

CLAIM NO.

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

1.	I am first duly sworn and state I am:			
	Name			
	City, State, Zip			
	Phone Number Home ()	Work ()	
2.	The instrument(s) forged is/are a: (Check the appropriate box)			
	Check Cash Withdrawal Voucher			
	Share Draft	Loan Note (including Co-maker forgery)		
	Other (specify) Name of Credit Union or Bank			
•				
3.	The instrument(s) is/are drawn on			
4.	On the instrument(s) I am named as the: (Check the appropriate box)			
	Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher) Malear (on path or face of check draft(check))			
	Maker (on note or face of share draft/check)			
	Co-maker (on a loan)			
_	Other (specify)			
5.	This 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	
	c)			
	(If more space is required, use a separate sheet)			
6.	I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.			
7.	Do you know who forged your signatures? Yes No If yes, provide details on a separate page or the back of this page.			
8.	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.			
9.	I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.			
	Sign your name five times:			
Sta	ate of	County of		
Su	bscribed and sworn to before me this	day of		
54				
		Notary		