

Affidavit Submission Form

Date:

To: Alloya Corporate FCU
checkaffidavits@alloyacorp.org (email)
(630) 276-2604 (fax)

We are submitting the attached affidavit for processing. The credit union contact for this affidavit is as follows.

Credit Union Name:

Routing Number:

Contact Name:

Phone:

Fax:

Email:

Upon receipt by Alloya, the contact listed above will receive an email confirmation.

Warranty Claim Affidavit

PART 1: CLAIMANT INFORMATION

I am first duly sworn and state I am:

Claimant Name

Claimant Street Address

City

State

Country

Zip

Phone

PART 2: WARRANTY CLAIM

I further state that I have examined the attached draft/check.

Issued by (maker of the item)

Dated

Check Number

Payable to the order of

Amount

The following has been discovered on the check:

Forged Indorsement: That the signature as indorser on the above noted draft/check was not made by me nor was it placed upon said draft/check with my knowledge or consent.

Lack of Indorsement: That the above noted draft/check lacks the proper indorsement as required and the funds were not received by the payee.

Altered Amount: That an alteration in the draft/check noted above was made, thereby changing the amount from _____ to a new and unauthorized amount of _____.

Altered Payee: That an alteration in the draft / check noted above was altered in that the original Payee of _____ was changed to _____.

Unauthorized Remotely Created Check: That the above stated check was not authorized by me.

PART 3: 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 indorsement signature is a forgery, the check was altered from its original state, or the check is unauthorized.

I understand this claim is subject to investigation by local, state and/or federal law enforcement agencies, in addition to the investigation that will be initiated by the credit union. 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 4: NOTARY

State of _____ County of _____

Sworn before me on this _____ day of _____, _____,

By _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within instrument.

Witness my hand and official seal: [SEAL]

Signature of Notary Public

Print Name of Notary Public