



AFFIDAVIT OF ALTERATION

Account Number	Check Number	Amount	Date Written

I (member name), _____, confirm that the statement(s) following the marked boxes are true.

FORGED DRAWER

The signature as drawer on the above-described check, was not made by the maker of the check, nor was it placed upon the check with knowledge, or consent of the maker and the maker has not benefited in any way by issuance or negotiation of this check.
(The person whose name was forged must sign this affidavit if this box is marked.)

ENDORSEMENT FORGED

The endorsement of _____ on the above item is forgery. I did not authorize or write the endorsement.
(The person whose name was forged must sign this affidavit if this box is marked.)

PAYEE NAME ALTERED

An unknown person altered the payee's name on the item from _____ to make it payable to the order of _____. I did not alter the payee's name nor authorize the alteration.
(The maker/member will have to sign this affidavit if this box is marked.)

NOT ENDORSED BY PAYEE

The item does not bear the endorsement of the payee and the payee has not benefited in any way by the issuance of this check.
(The person or company whom the check was made payable to must sign this affidavit if this box is marked.)

ALTERED AMOUNT

An unknown person altered the dollar amount from \$_____ to \$_____ I did not alter the amount.
(The maker/member must sign this affidavit if this box is marked.)

I did not cause or approve the alteration, and it is not the result of a negligent act or omission made by me. I have received no value (benefit) either directly or indirectly from the proceeds of the item.

Member/Payee Signature

Date

Subscribed and sworn to before me this _____ day of _____,
State of _____, (or County) of _____

My commission expires _____, _____, _____

Notary Public Signature _____