



**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 Signature

\_\_\_\_\_  
Date

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

My commission expires \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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