

### AFFIDAVIT OF FORGED OR ALTERED CHECK

am first duly sworn and s	state I am:			
Customer Name				
Customer Address				
City	State	Country		Zip
Home Phone	Work Phone		Mobile Phone	

# 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
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
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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## 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):

Signed Initials	<b>Forged Endorsement:</b> The endorsement on the back of this item is a forgery. It is not written or authorized by me.
Signed Initials	<b>Missing Endorsement:</b> My endorsement is not on the back of this item nor did I authorize the transaction of the item.
Signed Initials	Other: Please explain.     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):
Signed Initials	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. Amount
Signed Initials	Payee Altered: The name of the payee(s) was altered from its original to
Signed Initials	Other: Please explain.     Explanation
Do you know wh	o 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.

Signature 1 Signature 2 Signature 3 Signature 4

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 Claim	ant
PART 6: Notary			
State of	County of County		_ ·
	county		
Subscribed and sworn to before me, a	Notary Public, this Day	day of Month	, Year
by		,who proved to r	me on the basis of satisfactory evidence to be the person
whose name is subscribed to the within his/her signature on the instrument the			ted the same in his/ her authorized capacity, and that by 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 t	his form.	

- 2. If the checks or drafts are drawn on a financial institution other than The Bancorp Lending, those copies must be bank-certified by the paying bank.
- 3. Send completed, notarized affidavit to:

The Bancorp Lending Attn: Exceptions Dept. 409 Silverside Road, Suite 105, Wilmington, DE 19809

4. Questions? Call 855.804.0288.