



CLAIM NO.

STATE & CONTRACT NO.

P.O. Box 1221 **5**910 Mineral Point Road Madison, WI 53701-1221 Phone: 800/637-2676 **F** Fax: 608/231-7900 www.cunamutual.com

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

## **AFFIDAVIT OF FORGERY**

1.	I am first duly sworn and state I am:			
	Mailing Address			
	City, State, Zip			
	Phone Number Home (			)
2.	The instrument(s) forged is/are a: (Check the appropriate box)  Check Cash Withdrawal Voucher Loan Note (including Co-maker forgery)  Other (specify)  Name of Credit Union or Bank			
3.	The instrument(s) is/are drawn on _	Name of Credit Union or Bank		
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)  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 forgary:			
	is a forgery: Date	Instrument Num	nber	Dollar Amount
	a)			Donal 7 mount
	c)			
		f 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? $\square$ Yes $\square$ 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 sand/or by imprisonment.	tatement is subject to federal and	d/or state statutes a	and may be punishable by fines
	Sign your name five times:			
Sta	te of	County of		
Sub	scribed and sworn to before me this	day of		,
		Notary		