



## **Affidavit of Check/Account Fraud**

### **Instructional Guide**

Upon receipt of this completed packet, Kinecta Federal Credit Union will research your claim. The Credit Union will resolve your claim within 10 business days or will contact you directly for additional information.

Please contact 800.854.9846 if you have additional questions regarding your claim.

## Affidavit of Check/Account Fraud - Instructional Guide

### **COMPLETING AN AFFIDAVIT OF CHECK / ACCOUNT FRAUD**

#### **GENERAL INFORMATION:**

An Affidavit of Check / Account Fraud is required whenever any item drawn on your Kinecta Federal Credit Union account (s) is fraudulently negotiated in any manner. This includes forging your signature on a check, deposit, or withdrawal receipt, forging your endorsement on the back of a check and/or any alteration of a check, deposit, or withdrawal receipt.

A timely completion of this Affidavit is important to the resolution of your claim.

We advise that you complete and return the Affidavit within 7 business days of reporting the fraud activity to Kinecta Federal Credit Union to ensure a prompt resolution.

BEFORE you proceed with this claim, please be aware that a false declaration could subject you to criminal prosecution for perjury. Once this claim is completed and presented to Kinecta, the Credit Union may provide it to law enforcement agencies.

#### **COMPLETING THE AFFIDAVIT:**

When completing Kinecta Federal Credit Union's Affidavit of Check / Account Fraud ("Affidavit"), All pages of the document must be filled out completely, legible and in ink. Be sure to sign your name (as it appears on your account) and date the document. A notarized signature is required on this document. If the original item being claimed as forged / unauthorized / altered is in your possession, the original **MUST** be returned with the completed Affidavit.

The enclosed Affidavit includes a return envelope. If you choose to submit the completed Affidavit and all attachments to Kinecta by U.S. Mail, please use this envelope. Write your return address on the upper left hand front corner of the envelope and ensure the envelope has the proper postage.

You may choose to return the completed Affidavit and all attachments directly to any Kinecta location. The branch will forward the completed claim to the Investigations Department for processing.

Be sure to make a copy of the completed forms for your records.

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Please follow the instructions below when completing the Affidavit. Each area on the sample Affidavit has been numbered. The instruction numbers match the area of the sample Affidavit:

1. **Member Name:** Please enter your complete name as it appears on your account with Kinecta Federal Credit Union.
2. **Member Number:** Enter the account number involved in the claim. You will be required to complete a separate Affidavit for each account, if more than one account is involved.
3. **Share ID:** Enter the share ID involved in the claim.

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1 Member Name \_\_\_\_\_ 2 Member # \_\_\_\_\_ 3 Share ID \_\_\_\_\_

Select type of fraud involved:

4. **Signature Forged:** Select this box if your signature on the face (front) of the check(s) listed in the Affidavit was forged and you did not sign or authorize the signing of the item(s) in question.
5. **Endorsement Forged:** Select this box if the check if your endorsement of the back of the check(s) listed in the claim was forged, missing, or incorrectly endorsed and your neither signed or authorized the signing of the item(s) in question.
6. **Counterfeit:** Select this box if the check(s) listed in the claim are an imitation of the legitimate checks drawn on your account and you did not create, sign, or authorize the creation of the item in question.
7. **Altered:** Select this box if the check(s) listed in the claim have unauthorized alterations, specifically if the payee or the amount has been altered without your direct or indirect authorization.
8. **Unauthorized Draft:** Select this box if an unauthorized payment in form of a Bill Pay Withdrawal or a Remotely Created check (Electronic Draft) was negotiated against your account.
9. **Other:** Select "Non-receipt of Funds" if an electronic draft payment was issued from your account but not received and negotiated by the intended company/debtor. Select "Over the Counter Withdrawals" if an unauthorized cash or check withdrawal was performed against your account at a branch facility.

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|          |  |
|----------|--|
| <b>4</b> | <input type="checkbox"/> <b>Signature Forged:</b> My signature on the face of the check(s) listed below is a forgery. I did not sign the check(s) and I did not authorize the signature.                                       |
| <b>5</b> | <input type="checkbox"/> <b>Endorsement Forged:</b> My endorsement on the back of the check(s) listed below is forged, missing, or incorrectly endorsed. I did not sign the check(s) and I did not authorize the signature(s). |
| <b>6</b> | <input type="checkbox"/> <b>Counterfeit:</b> The check(s) are an imitation of checks drawn on my account. I did not create, sign or authorize the creation or signatures of the checks listed below.                           |
| <b>7</b> | <input type="checkbox"/> <b>Altered:</b> The check(s) below have unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the check(s).   |
| <b>8</b> | <input type="checkbox"/> <b>Unauthorized Draft:</b> I did not authorize or approve the creation or payment of this item. <input type="checkbox"/> Bill Pay Withdrawal <input type="checkbox"/> Remotely Created Check          |
| <b>9</b> | <input type="checkbox"/> <b>Other:</b> <input type="checkbox"/> Non-receipt of Funds <input type="checkbox"/> Over the Counter Withdrawals (Provide details of transaction below)  |

Please provide a description of the item(s) involved:

10. **Check Number:** Enter the check number to be included in the claim. If there is more than one item in the claim, list each check on a separate line. If the item is altered, use the space beneath to provide details of the originally issued item, including the check number, amount, payee, and issue date.
  - a. For altered claims, please provide details under Additional Information about the originally issued item, and a copy of the carbon of the check with the claim.

If the claim includes more than three items. List the reminder of the checks on the "Addendum to Affidavit of Check/Account Fraud"

11. **Date:** Enter the date of the check as it appears on the item. If the claim is for unauthorized Over the Counter Withdrawal, enter the date of the transaction.
12. **Amount:** Enter the dollar amount of the item paid against the account.
13. **Made Payable to:** Enter the information written in the "Payable To" line of the item paid against the account.
14. **Claim Total:** Enter the total amount of the checks/transactions listed.

|                  |  |                |                     |   |
|------------------|--|----------------|---------------------|---|
| <b>SECTION 2</b> | <b>Please include the following information for each fraudulent check and/or transaction:</b><br><i>"If you have more than 3 items to list please also complete the "Addendum to Affidavit of Check/Account Fraud". If the check is ALTERED, please provide details in the box below of the originally issued item - Check #, Date, Amount, Payee (include the carbon copy of check with claim if available)."</i> |                |                     |   |
|                  | <b>10</b> Check #  | <b>11</b> Date | <b>12</b> Amount \$ | <b>13</b> Made Payable to (transaction information) |
|                  | Additional Information <b>a</b>  |                |                     |   |
|                  | Check #  | Date           | Amount \$           | Made Payable to (transaction information)           |
|                  | Additional Information   |                |                     |   |
|                  | Check #  | Date           | Amount \$           | Made Payable to (transaction information)           |
|                  | Additional Information   |                |                     |   |
|                  |  |                |                     | <b>14</b> Claim Total _____                         |

Please review **Section 3** in its entirety and provide us with additional information to assist us in our investigation.

15. **Suspect Information:** if you know, suspect someone who is responsible for or who knows about the fraudulent activity, enter name(s).

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16. **Police Report Information:** If a police report has been filled, enter the case number and the name of the police department where it was filled.

**Other Pertinent Information:** Include other pertinent information such as suspect's addresses, phone numbers, etc.

Please provide us with the following information to assist us in our investigation. Include any names of individuals you believe may be involved and contact information, including addresses, phone numbers, etc.

**15** SECTION 3

1. Do you know or suspect any person(s) who may have committed the theft/unauthorized use?  Yes  No

a. If yes, who? \_\_\_\_\_

b. Has this person previously signed your name on any checks or other items?  Yes  No

c. If yes, describe the circumstances, including when. \_\_\_\_\_

2. Have you carefully examined all of the items in question?  Yes  No

3. Have you ever authorized anyone on your behalf, either orally or in writing, to sign, endorse or alter said items?  Yes  No

a. If yes, who \_\_\_\_\_

4. When did you become aware that forged/unauthorized items were paid on your account and what action(s) did you take, if any? \_\_\_\_\_

5. If checks are involved, did you have your checkbook on the date the item was written?  Yes  No

a. On the date the forgery was discovered?  Yes  No      b. Is the checkbook in your possession now?  Yes  No

6. Has this or a similar situation happened to you before?  Yes  No

a. If yes, describe what happened and any suspects involved. \_\_\_\_\_

7. Have you reported the stolen/forged/unauthorized item(s) to the police?  Yes  No

**16** SECTION 3 (cont'd)

a. If yes, Name and Location of law enforcement agency: \_\_\_\_\_

Officer Name \_\_\_\_\_ Report # \_\_\_\_\_

8. Are you aware of any other pertinent information not included in this document  Yes  No

a. If yes, describe what it is. \_\_\_\_\_

17. Please **Sign** your name five (5) times.

18. **Payee/Endorser:** If the claim involves a forged endorsement item, the true and intended payee must sign and date the document in front of a notary.

19. **Declaration and Notarized Signature:** The Affidavit must be notarized, whether it has been completed in a local Kinecta branch or is being sent through the mail. This document must be complete and must contain any supporting documentation. The Addendum must be signed and notarized as well, if attached.

20. This section is for **Credit Union Use ONLY**.

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|  |  |                            |                 |
|--|--|----------------------------|-----------------|
| SECTION 4  | <p><b>By signing below, you are making the following declarations:</b></p> <ul style="list-style-type: none"> <li>I did not receive any benefit or value from the proceeds of the check(s) (or transactions) listed in this form.</li> <li>I have not arranged with the person(s) who misused the item(s) listed in this form to be reimbursed for any portion of the proceeds of the item(s).</li> <li>I have not authorized anyone, either orally or in writing, to act on my behalf by writing, signing, endorsing or altering the items in question.</li> </ul> <p>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.</p> |                            |                 |
|  | <p><b>17</b> Please sign your name five times: _____</p> <p>_____</p>  |                            |                 |
|  | <p><b>I declare under the penalty of perjury that the above stated is true and accurate.</b></p>   |                            |                 |
|  | Member Signature (If a business account, include your title)   |                            | Date            |
|  | Member Address   |                            | Phone#          |
|  | <p><b>18</b> Payee/endorser signature (Forged endorsement claims only)</p>   |                            |                 |
|  | Signature of Payee/Endorser (If a business account, include your title)  |                            | Date            |
|  | <p>A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.</p>  |                            |                 |
|  | State of _____   |                            | County of _____ |
|  | <p>Subscribed and sworn to (or affirmed) before me on this ____ day of ____, 20____ by _____<br/>         proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.</p>   |                            |                 |
| <p><b>19</b></p> <p>(Seal)</p>   |  | <p>Signature of Notary</p> |                 |
| <p><b>CREDIT UNION USE ONLY</b></p>  |  |                            |                 |
| MSC/Department Name/Number <b>20</b>   |  | Rep Name/Teller #          |                 |
| Date   |  |                            |                 |
| <p>Account Number Changed or Share Closed <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain</p> |  |                            |                 |

**21. Addendum to Affidavit:** This document is to be used if your claim involves more than three items that have been forged, altered and/or unauthorized in the same manner (i.e., more than three checks each having the same forged maker's signature on them).



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## **21 Addendum to Affidavit of Check/Account Fraud**

Member Name \_\_\_\_\_ Member # \_\_\_\_\_ Share ID \_\_\_\_\_

|                        |   |      |           |   |
|------------------------|---|------|-----------|---|
| SECTION 1              | <p><b>Please select the appropriate box:</b></p> <p><input type="checkbox"/> Signature Forged    <input type="checkbox"/> Endorsement Forged    <input type="checkbox"/> Counterfeit    <input type="checkbox"/> Altered    <input type="checkbox"/> Unauthorized Draft    <input type="checkbox"/> Other</p> |      |           |   |
|                        | <p><b>Please include the following information for each fraudulent check and/or transaction:</b><br/> <i>If the check is ALTERED, please provide details in the box below of the originally issued item - Check #, Date, Amount, Payee (include the carbon copy of check with claim if available).</i></p>    |      |           |   |
|                        | Check #   | Date | Amount \$ | Made Payable to (transaction information) |
|                        | Additional Information  |      |           |   |
|                        | Check #   | Date | Amount \$ | Made Payable to (transaction information) |
| Additional Information |   |      |           |   |

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Please fill all the information requested. Enter each additional claimed item on its own line. Add the dollar amount of all items and write the total in the space provided. Sign and date the Addendum in the spaces at the bottom. This form must also be notarized. If the Addendum is used in your claim, it must be included with the affidavit and all other supporting documentation in the envelope provided by Kinecta Federal Credit Union.