Hughes Federal Credit Union

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HughesFCU.org

Affidavit of Claimant Negotiable Instruments

Name _____ Member Number _____ Date _____

_____ _____ _____

_____ _____ _____

1. I, _____ , as affiant (claimant) declare that the statement(s) following the box(es) I have initialed below are true.

   Please note - You may initial more than one box below if your instrument has been misused in more than one way, for example, someone altered the payee's name and raised the amount. However, a separate affidavit must be completed for each instrument.

☐ **MAKER'S SIGNATURE FORGED**

The maker's signature of _____ on the instrument is a forgery, I did not sign the instrument and I did not authorize the signature.

☐ **ENDORSEMENT FORGED**

The endorsement of _____ on the above instrument is a forgery, I did not sign the instrument and I did not authorize or write the endorsement.

☐ **CHECK AMOUNT RAISED**

The amount of the above instrument was raised from the original amount of _____ to _____

I did not raise the amount of the insturment nor authorize raising. I received no part of the amount of the insturment in excess of the original amount, nor was any part of the excess amount applied to any use or purpose on my behalf.

☐ **PAYEE NAME ALTERED**

An unknown person altered the payee's name on the insturment to make it payable to the order of:

_____

I did not alter the payee's name, nor did I authorize the alteration.

☐ **UNAUTHORIZED MAKER'S SIGNATURE**

The maker's signature of _____ on the instrument is not authorized. The person who issued the insturment is not authorized to use the account.

☐ **REMOTELY CREATED CHECK (PRE-AUTHORIZED DRAFT)**

The remotely created check (pre-authorized draft) payable to _____ is not authorized. The merchant who issued the instrument is not authorized to debit the account.

☐ **Other**

2. I also declare that:

   I did not receive any benefit or value from proceeds of the instrument and no proceeds were applied to any use or purpose on my behalf.

   I have not arranged with the person(s) who misused the instrument to be reimbursed for the proceeds of the instrument.

   I promise to testify or certify to the truth of all applicable statements in this affidavit before any competent judge, officer of a court, or other person, in any case now pending or which may occur regarding this affidavit.

I suspect _____ of _____
Address

Of having misused the instrument described in this Affidavit, as I have stated above. I believe this person did this under the following circumstances:

3. Please indicate (optional) ☐ Mr. ☐ Mrs. ☐ Ms.

   Affiant (Claimant) _____

   Full Address _____

   Phone Number (Residence) _____ Phone Number (Business) _____

   X _____ _____
   Affiant (Claimant) Signature Date

STATE OF _____
COUNTY OF _____ } ss.

THIS INSTRUMENT ACKNOWLEDGED BEFORE ME THIS

_____ DAY OF _____, 20___

_____
By:

_____
Notary Public:

_____
My Commission Expires:

0619