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Questions?

Contact *The Clearing House Payments Authority*

education.services@theclearinghouse.org

1-800-875-2242, Option 3

Affidavit of Forgery, Alteration, or Missing Signature/Endorsement

Each Claimant must complete an Affidavit for each Negotiable Item

Section I – Claimant Information				
Name	Home Phone (____)	Work Phone (____)		
Address	City	State	Zip	
Section II – Negotiable Item Information				
Item Was Drawn On	Item Issued By (Maker of Item)	Item Number	Date on Item	Date Paid
Payable to the Order of:	Account #	Amount \$		
Section III – Affidavit				
Initial the appropriate box(es) to describe the claim(s) of forgery, alteration, or missing signature/endorsement				
By signing below, I declare that the statement(s) contained in this Affidavit, including the statements in the boxes I have initialed below are true.				
Initials	Claim			
	Maker's Signature Forged – The maker's signature of _____ on the check is a forgery. I did not sign the check and I did not authorize the signature.			
	Endorsement Forged – Payee's Statement. The endorsement of _____ on the check is a forgery. I did not authorize or write the endorsement.			
	Missing Endorsement – Payee's Statement. My endorsement on the check is missing and I did not authorize the negotiation of the check and did not benefit from the negotiation of the check.			
	Check Amount/Payee Name Altered – The amount of the check as written was altered from \$ _____ to \$ _____. The name of the payee(s) as written was altered on the check from _____ to make it payable to _____. I did not alter the amount of the check or payee nor did I authorize any alteration.			

I declare that:

I did not receive any benefit from proceeds of the above described check, and no proceeds from it were applied to any use or purpose on my behalf.

I have not arranged with the person(s) who misused the check to be reimbursed or receive benefit from the proceeds of the above described check.

Claimant Signature _____ Date _____

Print Name: _____

The above Affidavit was executed before me this _____ day of _____, 20____

NOTARY

Notary Public _____

State of _____ County of _____

My Commission Expires _____ Seal