

AFFIDAVIT OF UNAUTHORIZED SIGNATURE OR ALTERED ITEM

State of _____
 County/Parish _____

Before me, personally appeared the undersigned affiant ("Affiant"), who first being duly sworn according to law upon the Affiant's oath did depose and say:

That for each item listed below as a forged check, counterfeit check, forged endorsement, or savings withdrawal, the item was not signed or endorsed, as appropriate, by Affiant or by an authorized agent of Affiant and was done without Affiant's knowledge or consent; and that for each item listed below as an altered item, the item was altered without the Affiant's knowledge or consent. Affiant did not receive any benefit from the item(s) and has not ratified the signature, endorsement, or alteration on any of the items. An original or certified copy of each item listed below is attached hereto.

Affiant will testify to the truth of the foregoing, file police reports and press charges as reasonably requested by the Bank, and otherwise cooperate in any legal proceedings which may be instituted in connection with this matter. Affiant understands that the bank may deny all claims, and will be entitled to recover from Affiant any claims previously paid, if Affiant fails to comply with these requirements. Affiant understands that the bank may cause the arrest of a person for the unauthorized signature or alteration on the items in reliance on the representation made by Affiant. Affiant will indemnify and hold harmless the bank from any liability arising out of such arrest in the event that the representation made by the Affiant should prove to be false.

Affiant is aware that (i) this Affidavit is being provided to the Bank to obtain payment of the items, (ii) the Bank will rely on this Affidavit in making such payment and (iii) a false statement herein may be a violation of the law. Affidavit represents that all responses contained in this Affidavit are true and complete.

Type*	Check Number	Dollar Amount	Payee	Date of check	Signed by:

COPY OF CHECK MUST BE ATTACHED TO THIS FORM. ONLY ONE AFFIDAVIT PER CHECK.

***Types of Forgery:**

- FE Forged Endorsement (signature on back of check is unauthorized)
- ME Missing Endorsement (non-receipt of funds)
- IE Improper Endorsement, (endorsed not as drawn,)

AI Altered Item(s) (the check contains an authorized signature, but the payee or amount was changed after the check was created)**
IF THE MAKER'S SIGNATURE HAS BEEN ALTERED PLEASE CALL 866-564-2262 BEFORE FILLING OUT AFFIDAVIT

** For item that has an altered payee and/or dollar amount, please complete below: do not use on counterfeit/forged maker signature
 Call 866-564-2262

Check Number	Original Payee	Payee as Altered	Original Amount	Amount as Altered

Affiant's Mailing Address

Affiant's Phone Number

 Signature of Affiant

 Print Name (Business Name, if applicable)

 Job Title (if business account)

 Account Number

SUBSCRIBED AND SWORN before me on _____, _____.

SEAL

 Notary Public

 Print Name (Notary Public)

Return the completed notarized form to:
 JPMorgan Chase Bank, N.A.
 P O Box 710273
 Columbus, OH 43271-0273

DO NOT FAX FORM TO JPMORGAN CHASE

JPMorgan Chase Bank, N.A.
Customer Claim Department
STATEMENT OF FACT

This form must be completed and signed by the JPMorgan Chase Bank, N.A. customer.

INCIDENT INFORMATION: Please describe how the unauthorized signature/alteration occurred. Give names, dates, places, circumstances and other pertinent information. Attach additional pages necessary.

Lined area for incident information.

Customer's Signature

Date

JPMorgan Chase Bank, N.A.
Loss Control, OH1-0273
P.O. Box 710273
Columbus, Ohio 43271-0273

Branch Use Only	
'Bank Name' Employee	Phone #
Printed Name	Branch