



Member Statement - Forgery

Member Name: _____ Date: _____

Member Number: _____

Please tell us about the transaction(s) in question, including:

1. What happened?
2. When did the fraud occur? (MM/DD/YYYY)
3. Where did the fraud take place?
4. Who was responsible, if known?
5. What is the contact telephone number for the police department where the report was filed?

I understand that by signing this document I agree to cooperate with Campus Federal in their investigation. I will complete an Affidavit of Forgery and file a police report of the incident. I acknowledge that upon reimbursement, Campus Federal will have the right to prosecute any individual(s) that have caused a loss. I also understand that I may be asked to testify in court.

Member Signature

Date

CAMPUS FEDERAL USE ONLY

Employee Name:

Teller #:

CHUBB INSURANCE GROUP AFFIDAVIT OF FORGERY

Today's Date: _____

1. I am first duly sworn and state I am:

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

2. The instrument(s) forged is/are a:

Check/Share Draft

Cash Withdrawal Slip/Receipt

Loan Note (including co-maker forgery)

Other (Specify): _____

3. The instrument(s) is/are drawn on: _____

4. On the instrument(s) I am named as the:

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 forgery:

Date	Instrument Number	Dollar Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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? Yes No If yes, provide details on the Member Statement

8. I give my consent to the credit union to release any information regarding my account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. Further, I understand I may be required to comply with a court order or subpoena to give testimony.

9. I swear this affidavit is true and understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Sign your name five times:

1. _____ 4. _____

2. _____ 5. _____

3. _____

State of: _____ Parish of: _____

Subscribed and sworn to before me this _____ Day of _____, 20_____

Notary Public Signature Date

<p style="text-align: center;">CFCU USE ONLY</p> <p>Employee: _____</p> <p>Teller Number: _____</p>
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