



AFFIDAVIT OF FORGED OR ALTERED CHECK

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 866.902.0356
 www.thebancorpha-sa-eb.com

PART 1: Claimant Information - (please print legibly)

I am first duly sworn and state I am:

First Name:		Last Name:	
Mailing Address:			
City:	State:	Zip Code:	Home Phone Number:
Work Phone Number:		Mobile Phone Number:	
Address shown above is my primary residence: <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			

PART 2: Check or Draft Information

Date check was written: (mm/dd/yyyy)	Issued By: (Maker of the item)	Date check was drawn: (mm/dd/yyyy)
Payable to the Order of:	Check Number:	Amount:

Date check was written: (mm/dd/yyyy)	Issued By: (Maker of the item)	Date check was drawn: (mm/dd/yyyy)
Payable to the Order of:	Check Number:	Amount:

Date check was written: (mm/dd/yyyy)	Issued By: (Maker of the item)	Date check was drawn: (mm/dd/yyyy)
Payable to the Order of:	Check Number:	Amount:

PART 3: Please sign your initials next to each appropriate claim of forgery or alteration

On the check or draft, I am named as the PAYEE: (The person or entity to whom the check is made payable.)		
Signed Initials	Claim of Forgery or Alteration	Description
	Forged Endorsement	The endorsement on the back of this item is a forgery. It is not written or authorized by me.
	Missing Endorsement	My endorsement is not on the back of this item nor did I authorize the transaction of the item.
	Other	Please Explain:

(Part 3 continued on next page)

PART 3 (continued from previous page)

On the check or draft, I am named as the MAKER: (The person whose signature appears on the bottom right corner of the check.)		
Signed Initials	Claim of Forgery or Alteration	Description
	Forged Maker's Signature	The maker's signature on the front of this check is a forgery. It is not written by me and it is not authorized by me.
	Amount Altered	The amount of the check was altered from its original amount of \$ _____ to \$ _____ and I did not authorize this change.
	Payee Altered	The name of the payee(s) was altered from its original _____ to _____ and I did not authorize this change.
	Other	Please Explain:

PART 4: Information of Forgery

I hereby certify that I did not receive any part of the proceeds of the check or draft(s) listed in this affidavit. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.

I understand this forgery is subject to investigation by local, state and/or federal law enforcement agencies, in addition to the investigation that will be initiated by the bank. I understand that I may be required to comply with a court order or subpoena to give testimony.

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

Do you know who forged your signature(s)? Yes No (If yes, provide details below).

(Continue to Part 5 on next page)

PART 5: Signature Samples

Please sign your name 5 times:

1.

2.

3.

4.

5.

PART 6: Duly Sworn Before a Notary Public

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public Seal:

Notary Public Name:

Notary Commission Expiration:

Instructions to the Claimant:

1. A copy of the check(s) or draft(s) in question must accompany this form.
2. If the checks or drafts are drawn on a financial institution other than The Bancorp HSA, those copies must be bank-certified by the paying bank.
3. Send completed, notarized affidavit to:

Mail to: The Bancorp HSA
Attn: Exceptions Dept.
409 Silverside Rd, Suite 105
Wilmington, DE 19809

4. Questions – call 866.902.0356