Mirastar
FEDERAL CREDIT UNION

AFFIDAVIT OF FORGERY, ALTERATION, MISSING ENDORSEMENT OR OTHER UNAUTHORIZED TRANSACTION

SECTION I – CLAIMANT/AFFIANT INFORMATION

(To be filled out by the person alleging the unauthorized activity – please print legibly)

Name (Business or Individual):	Account Number
Street Address	Home Telephone Number ( )
City, State, Zip, Country	Business Telephone Number ( )

SECTION II – DISPUTED ITEM/TRANSACTION

Check #:	Amount: $
Date on Item/Transaction Date:	Date Paid:
Payable to the Order of:	Item Issued By/Party Debiting Account

SECTION III – CLAIM

The item/transaction described above was improperly paid because (Check all that apply):

☐ **Forged Signature**: The endorsement of _____ (payee/maker's name) on the above item is a forgery. I did not write or authorize the signature.

☐ **Alteration** : The amount of the above item was altered from the amount of $_____ to $_____. The name of the payee(s) as written was altered from _____ (original payee) to _____ (altered payee). I did not alter the amount of the item/the payee's name and I did not authorize any alteration. I received no part of the item in excess of the original amount, nor was any part of the excess amount applied to any purpose on my behalf.

☐ **Missing Endorsement**: The endorsement of payee(s) _____, was/were missing on the item and said payee(s) was/were entitled to receive $_____ (describe amount/percentage for each payee who claims to have not received payment and did not authorize negotiation. If amount the payee(s) was/were entitled to receive indicated "unknown.")

☐ **Counterfeit**: The above item is a counterfeit and was not authorized by me. I received no benefit from the payment of this item.

☐ **Unauthorized Debit:** (check the appropriate option) ___I did not authorize the party above to debit my account. ___I revoked the authorization prior to the date of the debit. ___ My account was debited before the date I authorized. ___ My account was debited a different amount than I authorized. ___My account was debited by an unauthorized third party, but the third party failed to make payment as instructed.

☐ **Other (please specify):**

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I declare that:

1. I did not authorize the above described item/transaction and did not receive any benefit or value from proceeds of the above described item/transaction, and no proceeds from it were applied to any use or purpose on my behalf.
2. I have not arranged with the person(s) who misused the item/executed the transaction to be reimbursed or receive benefit from the proceeds of the above described item/transaction.
3. I do not carry any insurance applicable to the loss resulting from the transaction.
4. I suspect _____ (Suspect name) of _____ (Suspect address) having misused the item/executed the transaction described in this Affidavit, as I have stated above. I believe this person did this under the following circumstances: (Please provide as much information as possible.)
   _____
   _____
   _____
   _____
   (Use other side if necessary; submit a copy of the police report)
5. I authorize the Credit Union to provide the following documents pertaining to my account to the United States Postal Inspection Service:
   Copies of any checks that were negotiated on my account, other fraudulent activity, if any, and the Bank of First Deposit where the checks were deposited. Additionally, I authorize the Credit Union to confirm the date the checks were ordered and the address they were mailed to.
6. I understand that the Credit Union or other persons or entities, such as law enforcement, may require my assistance in connection with any civil or criminal prosecution of the wrongdoer. Should the need arise, I agree to cooperate fully with any court order or subpoena, including but not limited to giving testimony and appearing at trial. Should I refuse to cooperate, the Credit Union may revoke any settlement it offered or paid to me, including charging the amount of any settlement to any account I hold at the Credit Union.
7. **I understand that making any false statements to the Credit Union in connection with my claims, or to induce the Credit Union to rely upon those statements, is a crime and may be punishable by fines and/or by imprisonment.**

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Claimant/Affiant Signature	**Date**	**Name/Title (for business claimant only)**

NOTARY:
State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20__, by _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

_____
Notary Public Signature