



**Affidavit of Forgery**

**Contact your financial institution to determine if they use a separate Affidavit of Forgery. If so, use their form.**

**Complete a separate affidavit form for each financial institution.**

Victim name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Residential address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Type of fraud/forgery**

Debit/Credit cards \_\_\_\_\_ Loans \_\_\_\_\_ Gov. documents/benefits \_\_\_\_\_  
Checking or savings \_\_\_\_\_ Utilities \_\_\_\_\_ Other \_\_\_\_\_

**Name of Financial Institution:** \_\_\_\_\_

**Check(s) and Debit/Credit Card(s) – list each fraudulent transaction separately**

Name on account \_\_\_\_\_ Account # \_\_\_\_\_ Card # \_\_\_\_\_

Name on account \_\_\_\_\_ Account # \_\_\_\_\_ Card # \_\_\_\_\_

Name on account \_\_\_\_\_ Account # \_\_\_\_\_ Card # \_\_\_\_\_

<u>Check/Card number</u>	<u>Amount</u>	<u>Date/Time used</u>	<u>Location used</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Affidavit of Forgery Continued**

Were check(s) / credit card(s) stolen?

Yes \_\_\_\_ No \_\_\_\_

Have you reported this to your bank?

Yes \_\_\_\_ No \_\_\_\_

I hereby swear that the following statements are true to the best of my knowledge and belief:

That I did not authorize, enable, assist, endorse, consent or otherwise sponsor the above reported activity.

That none of the proceeds, have or will, either directly or indirectly, benefit me or were used on my behalf.

I have read this document and it is true and correct to the best of my knowledge and belief. I understand that making any false or fraudulent statements or representations on or with this affidavit is subject to statutes which may be punishable by fines and/or imprisonment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to or affirmed before me on \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_, Alaska.

(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_, 20 \_\_\_\_\_