

800.877.2345 figfcu.org

Mail to: **Farmers Insurance Federal Credit Union** P.O. Box 2723 Torrance CA 90509

AFFIDAVIT OF FORGERY

1.	I am first duly sworn and state I am:			
	Mailing Address			
	Phone Number Home ()Wor	'k ()	
2.	☐ Check ☐ Share Draft	e a: (Check the appropriate box) Cash Withdrawal Voucher Loan Note (including Co-maker forgery) Name of Credit Union or Bank		
3.	The instrument(s) is/are drawi			
4.	On the instrument(s) I am named as the: (Check the appropriate box) 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.		nent(s) listed below and attached to this affida	avit is not written nor authorized by me and	
	is a forgery: Date	Instrument Number	Dollar Amount	
	a)		Dollar Amount	
	b)			
	c)			
		(If more space is required, use a separat	e sheet)	
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 a separate page or the back of this page.			
8.	I understand this forgery is subject to investigation by local, state and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.			
9.	I understand making a false sw and/or by imprisonment.	inderstand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines ad/or by imprisonment.		
	Sign your name five times:			
				
		·		
Cto	to of	County of		
oid	l⊎ UI	County of		
Sub	oscribed and sworn to before me	e this day of	,	
		Notary		

237-CCB-4 (R6/17)

For your protection California law requires the following to appear in this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.