

Check Fraud Claim

Affidavit of Unauthorized Action by Claimant



FARMERS INSURANCE
FEDERAL CREDIT UNION

Section 1: Claimant/Member Information

Claimant's Name (Last, First, MI) or Business Name	Checking Account Number	Date

Section 2: Type of Fraud

Choose one, the most relevant to the check/ item image

- ☐ Forged Maker's Signature The signature on the face of the item(s) described below is a forgery. I did not sign the item(s) and I did not authorize the signature. My check(s) has been stolen.
- ☐ Counterfeit Check The item(s) are imitation of one drawn on my account. I did not create, authorize the creation, or sign the item(s).
- ☐ Unauthorized Remotely Created Check I did not create or authorize the creation of the item/check. The item has no signature or indicated that signature is not required, signature on file, authorized by your customer or other similar language.
- ☐ Altered Check The maker of the check alleges that the check was written for a specific amount and alleges the amount was altered.
- ☐ Altered Payee The maker of the check alleges that the check was written for a specific payee and the payee name was altered.
- ☐ Forged/Missing Endorsement The Payee of the check alleges that they did not sign or endorse the back of the check.
- ☐ Other

Section 3: Provide fraudulent item/transaction information:

Describe the fraudulent item(s) below:

Date	Check Number	Amount	Payable To

Section 4: Police Report

It is recommended to report the fraudulent activity(ies) on your account to your local police department.

- ☐ I have filed a report with law enforcement. ☐ I have not filed a report with law enforcement.
Please attach the form along with this claim.

Section 5: I declare the following:

I did not receive any part of the proceeds of the item(s) listed above nor did I authorize anyone else to negotiate the item(s) on my behalf. This affidavit is made voluntarily for the purpose of establishing the fact that I did not endorse the item(s) identified above.

I understand this *Affidavit of Unauthorized Action by Claimant* is subject to investigation by local, state, and/or federal law enforcement agencies.

Check Fraud Claim

Affidavit of Unauthorized Action by Claimant



FARMERS INSURANCE
FEDERAL CREDIT UNION

I understand that the account records related to this claim may be given to law enforcement as evidence for the investigation. I also understand that I may be required to comply with a court order or a subpoena to give testimony.

I understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment. Specifically, I understand that under federal law (18.U.S.C.1344), it is a crime to knowingly defraud or attempt to defraud a federal credit union and may be punishable by a fine up to \$1,000,000 and/or by imprisonment up to 30 years.

I understand and agree that Farmers Insurance Federal Credit Union has no obligation to reimburse for any losses resulting from this Affidavit of Unauthorized Action by Claimant. In order to perform a thorough investigation and/or pursue prosecution of the parties involved may require that I cooperate fully in any investigation and the legal/criminal prosecution, including, but not limited to filing a complete report with the appropriate law enforcement officials, participating in any investigation by law enforcement, and attending and participating as a witness in any legal proceeding.

I declare under penalty of perjury that the foregoing is correct.

Print Claimant's Name:

Date:

Claimant's Signature

Sign your name five times:

To be completed by a Notary Public for Claimant.

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, _____, by _____

_____ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Seal:

Signature: _____

Print Name: _____

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.

All sections on this form are required to be completed.

Please send the form to:

Email: ACH @figfcu.org

Fax: 323-209-6306

Mail:

Farmers Insurance Federal Credit Union

P.O. Box 2723

Torrance CA 90509