



AFFIDAVIT OF FORGED OR ALTERED CHECKS

State of _____ County of _____

Name _____, residing at _____,

In the city/town of _____, State of _____ being duly sworn, deposes and says:

If applicable, the checking/share account number at Utica District Telephone Employees FCU to which the Declaration relates is _____ referred to as "my account" in sections (2), (3), and (4) below. If called upon to do so, I will testify in court of law that:

(1) FORGED ENDORSEMENTS

The signature(s) purporting to be my endorsement(s) on the following check(s):

Maker/Drawer	Check No.	Check Date	Amount	Original Payee
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

is (are) not my signature(s); I did not authorize anyone to endorse that (these) check(s) on my behalf. The endorsement(s) is (are) a forgery(ies). I have no knowledge or information as to the identity of the person(s) who forged my signature(s) as endorser of the check(s) except as set forth in section (4) of this affidavit.

(2) CHECK ALTERATIONS

Check number _____, drawn on my account and dated _____, purporting to be payable to the order of _____ and purporting to be for \$ _____ has been altered. As originally signed and delivered by me, the check was dated _____, and payable in the amount of \$ _____ to the order of _____. I did not alter [] the amount of the check from its original amount [] the name of the payee from its original, nor did I authorize anyone else to do so. I have not ratified or confirmed these alterations and there is no insurance for my loss upon the altered checks. This affidavit is made to induce Utica District Employees FCU to credit to my account the sum in excess of the amount for which these checks were originally drawn or from any improper charge due to the alteration. I have no knowledge as to the identity of the person who altered the check except as set forth in section (4) of this affidavit.

(3) FORGED DRAWER SIGNATURE

The signature(s) purporting to be my signature(s) on the following check(s) or transaction request form(s) drawn on my account:

Check No.	Check/Transaction Request Form Date	Amount	Original Payee
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Is (are) neither my signature nor that of any other person authorized to sign the check(s)/transaction request(s). The signature(s) is (are) a forgery(ies). I have no knowledge or information as to the identity of the person who forged my signature(s) except as set forth in section (4) of this affidavit.

(4) ADDITIONAL REQUIRED INFORMATION

I have not received any direct or indirect benefit from the transactions described above. None of the proceeds of the checks or withdrawals were applied to my use or for my benefit or to the use or benefit of anyone else authorized to use my account [] except to the extent of \$ _____, which was the amount of the altered check described at the time I wrote the check.

I have no knowledge or information as to the identity of the person(s) responsible for these acts or the events surrounding these acts except as follows:

I understand that: (1) acceptance by the Credit Union of this signed declaration does not constitute Utica District Telephone Employees FCU's admission that the above statements are true or the Credit Union's agreement to pay any amount to any person based upon that statement; (2) Utica District Telephone Employees FCU may file a criminal or civil complaint relative to the matter(s) described above and this declaration may be used in court and/or given to a law enforcement agency.

I know Utica District Telephone Employees FCU will rely upon the statements herein. I agree to assist the Credit Union in any investigation it or others may make and, if needed, to be a witness in any hearing, proceeding, or action brought against the person(s) responsible for this action. Should anything else come to my attention regarding this matter, I will immediately report it in writing to Utica District Telephone Employees FCU.

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

Executed this _____ date of _____ in the City/Town of _____

State of _____

Signature _____ Daytime Phone _____ Evening Phone _____

Please sign your name five times below.

State of New York)SS.:

County of _____)

On the ____ day of _____, _____, before me personally came _____, to me known to be the individual described in, and who executed, the foregoing instrument, and acknowledged that he/she executed the same.

Notary Public Signature _____

(seal)

My commission expires _____