



P.O. BOX 6048  
DEARBORN, MICHIGAN 48121  
PH 888.336.2700  
dfcufinancial.com

## **Check Fraud Affidavit Instructions**

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- Use this Affidavit when requesting DFCU to return a check that has been negotiated in any way listed below. Check the appropriate box in Part 2 of the Affidavit and provide additional details as indicated.
  - Forged Indorsement - the signature on the face of the check was not made by me nor was it placed up on the check with my knowledge or consent
  - Lack of Indorsement - the check lacks the proper indorsement by the payee as required and the funds were not received by the payee
  - Altered Amount - the check was altered, and amount changed
  - Altered Payee - the check was altered, and payee was changed
  - Unauthorized Remotely Created Check - I have not authorized a company or person to remotely create a check to debit funds from my account at DFCU
- This Affidavit must be **SIGNED** and **NOTARIZED**.
- We will be unable to process your claim until we have received all of the required information and/or documentation.
- Return the form(s) to DFCU Financial using one of the following methods.

Deliver in person to any DFCU Financial branch location

OR

Mail to DFCU Financial PO Box 6048 Dearborn, MI 48121-9853

- Monitor your mail and respond promptly to requests for additional information. Failure to respond by the provided deadlines could result in error denial and reversal of any provisional credits posted to your account.



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## Warranty Claim Affidavit

### PART 1: CLAIMANT INFORMATION

I am first duly sworn and state I am:

\_\_\_\_\_  
Claimant Name

\_\_\_\_\_  
Claimant Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

### PART 2: WARRANTY CLAIM

I further state that I have examined the attached draft/check.

\_\_\_\_\_  
Issued by (maker of the item)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Payable to the order of

\_\_\_\_\_  
Amount

The following has been discovered on the check:

**Forged Indorsement:** That the signature as indorser on the above noted draft/check was not made by me nor was it placed upon said draft/check with my knowledge or consent.

**Lack of Indorsement:** That the above noted draft/check lacks the proper indorsement as required and the funds were not received by the payee.

**Altered Amount:** That an alteration in the draft/check noted above was made, thereby changing the amount from \_\_\_\_\_ to a new and unauthorized amount of \_\_\_\_\_.

**Altered Payee:** That an alteration in the draft / check noted above was altered in that the original Payee of \_\_\_\_\_ was changed to \_\_\_\_\_.

**Unauthorized Remotely Created Check:** That the above stated check was not authorized by me.

**PART 3: SIGNATURE AND AFFIDAVIT**

I hereby certify that I did not receive any part of the proceeds of the check or draft(s) listed in this affidavit. This affidavit is made voluntarily for the purpose of establishing the fact that my indorsement signature is a forgery, the check was altered from its original state, or the check is unauthorized.

I understand this claim is subject to investigation by local, state and/or federal law enforcement agencies, in addition to the investigation that will be initiated by the credit union. I understand that I may be required to comply with a court order or subpoena to give testimony.

I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

\_\_\_\_\_  
Claimant (print name)

\_\_\_\_\_  
Signature of Claimant

**PART 4: NOTARY**

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

By \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within instrument.

Witness my hand and official seal: [SEAL]

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name of Notary Public