

Member Number \_\_\_\_\_ Suffix \_\_\_\_\_ Date \_\_\_\_\_

1. I am first duly sworn and state I am:

Name \_\_\_\_\_ ( ) ( )  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female  
Gender \_\_\_\_\_

**Attach Copy of Driver's License or State ID**

Driver's License Number & State \_\_\_\_\_ Ethnicity \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

2. The instrument(s) forged is/are a:

- Check       Share Draft       Cash Withdrawal Voucher       Loan Note (include Co-Maker forgery)
- Other (specify): \_\_\_\_\_

3. The instrument(s) is/are drawn on \_\_\_\_\_ (Name of Credit Union or Bank)

4. On the instrument(s) I am named as the:

- Payee/Endorser (on back of the check/share draft or bottom withdrawal voucher)       Maker (on note or face of share draft/check)
- Co-Maker (on a loan)       Other (specify): \_\_\_\_\_

5. This signature for each instrument(s) listed below and attached to this Affidavit is not written nor authorized by me and is a forgery:

a) _____	_____	\$ _____
	Instrument Number	Dollar Amount
b) _____	_____	\$ _____
	Instrument Number	Dollar Amount
c) _____	_____	\$ _____
	Instrument Number	Dollar Amount

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 signature?  Yes  No      If Yes, provide the details on a separate page or on the back of this page.

8. I understand that 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 false sworn statements is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

For your protection, California law requires the following statement to appear on this form:

Any person who knowingly presents a 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.

**Sign your name five times:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of California	
County of _____	
Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20 ____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.	
(Seal)	Notary Signature _____

Account # \_\_\_\_\_ Suffix \_\_\_\_\_ Date \_\_\_\_\_