



AFFIDAVIT OF UNAUTHORIZED PAPER DEBIT

Account Name: _____

State: _____ County: _____

Account Relationship: I am the (Check only one):





- Account Owner
- Authorized Signer (Use for Business Accounts, POA, Executor, etc.)
- Payee (Use for Endorsement Forged/Missing, Not as Drawn Only)

I have examined the following Check/Draft/Withdrawal which was charged to:

Account #: _____ Item Amount: _____


Check #: _____ Date Item Posted to Account: _____


And hereby state that the item listed above is: (Check only one):

- Signature Forged/ Unauthorized Over the Counter Withdrawal:**  My signature on the face of this item is a forgery. I did not sign the check/withdrawal ticket or authorize the signature.
- Counterfeit:**  The check is an imitation of a check drawn on my account. I did not create, sign or authorize the creation of the check.
- Unauthorized Draft (Remotely Created Check not bearing a/my signature):**  I did not authorize or otherwise approve the creation or payment of this item against my account.
- Alteration:**  The Date, Amount, and/or Payee have been changed; I have not directly or indirectly authorized anyone to make Alteration's to the check. I am attaching a copy of the original check or ledger showing proof of the original item.

Complete for the altered areas of the check:

	Original	Changed to
Date		
Amount		
Payee		

- Endorsement Forged/Missing/Not as Drawn:**  I am the person(s) named as the Payee on the check and my endorsement on the reverse of the check is a Forgery, Missing or otherwise incorrectly endorsed. (If joint payees were named on the check and they are not receiving equal amounts, enter the name and percentage owed for each payee below):

- Returned Deposited Item or Fraudulent Deposit:**  I did not authorize the deposit of this check to my account or authorize the cashing of this check against my account.

By Signing Below, You Are Making The Following Declarations:

- I did not receive any benefit or value from the proceeds of the check listed above, nor have I arranged with the person who misused the check listed above to be reimbursed for any portion of the proceeds of the check.
- I will cooperate in any investigation, promptly disclose any information requested by the bank, if necessary cooperate fully with any prosecution and I will testify to the truth of these statements in any case which may result from this affidavit.

I declare under penalty of perjury that the above stated is true. (Sign and date)

Signature (Account Owner, Account Signer/Title, Check Payee)

Date

Scan and email to: **DDA Fraud Claims Services Shared/MN/USB**. Mail Originals to: DDA Fraud EP-MN-O1FC, 1200 Energy Park Drive, St. Paul, MN 55108