



Check Fraud Packet Cover Sheet

Date:

To: Risk Management

Branch:

Employee:

Management Approval*:

New Account #:

Closed Account #:

Comments:

*All Fraud Packets require management review and approval prior to being submitted.



Cumis Insurance Society, Inc.
 P.O. Box 1221 • 5910 Mineral Point Road
 Madison, WI 53701-1221
 Phone: 800/637-2676 • Fax: 608/233-6519

CLAIM NO.
STATE & CONTRACT NO. 019-0135-7

Important: The person alleging forgery must complete this form in longhand.

AFFIDAVIT OF FORGERY

1. I am duly sworn and state I am:

Name _____

Mailing Address _____

City, State, Zip _____

Phone Number: Home (____) _____ Work (____) _____

2. The instrument(s) forged is/are a: (Check the appropriate box)

- Check Cash Withdrawal Voucher
- Share Draft loan Note (including Co-maker forgery)
- Other (specify) _____

3. The instrument(s) is/are drawn on Educational Systems Federal Credit Union

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

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

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

Date	Instrument Number	Dollar Amount	Date	Instrument Number	Dollar Amount
a) _____	_____	_____	c) _____	_____	_____
b) _____	_____	_____	d) _____	_____	_____

(If more space is required, use a separate sheet)

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

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

Sign your name 5 times: _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Notary



Letter of Willingness to Prosecute Perpetrator of Fraudulent Transactions

I _____ hereby state that I have reported the alleged fraudulent transaction(s), which appear in my Educational Systems Federal Credit Union account, to:

Police Officer's Name _____

Jurisdiction _____

Address _____

Police Dept. Tel. # _____

Case Number _____

Date of Report _____

I further understand that the fraudulent transaction(s) are 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. I will prosecute the perpetrator of the alleged fraudulent transaction(s) without respect to his/her relationship to me.

Signature

Date

State of _____ County of _____

Subscribed and sworn to me this _____ day of _____, 20_____.

Notary