



Affidavit of Unauthorized/Altered or Forged Check

Name:		Account Number:		
Address:				
City, State & Zip Code:			Home Phone Number:	
Negotiable Item Information				
Date on Item:	Date Paid:	\$ Amount of Item:	Item Number:	Payable to:

Initial the appropriate box(s) to describe the claim(s) of forgery, alteration, or missing signature/endorsement.

Initials	Claim
	<p>Maker's Signature Forged The maker's signature on the Item listed above, and examined by me, is a forgery. I did not sign the Item nor did I authorize any other person to sign my name on the item.</p>
	<p>Endorsement Forged The endorsement on the Item listed above, examined by me, is a forgery. I did not endorse the Item nor authorize any other person to endorse the Item on my behalf. I did not receive any benefit or value from the proceeds of the check, withdrawal, deposit, or deposited item nor were any proceeds applied to any use or purpose on my behalf. _____ (Initial) I have not arranged with the person(s) who misused the item to be reimbursed for any proceeds of check, withdrawal or deposited item. _____ (Initial)</p>
	<p>Missing Endorsement or Improper Endorsement Payee on the above-described Item did not receive the funds nor benefit from this Item.</p>
	<p>Check Amount Altered The amount of the above Item was altered from the original amount of \$ _____ to \$ _____. I did not alter the amount of the Item nor authorize the alteration. I received no benefit from the altered Item in excess of the original amount, nor was any part of the excess amount applied to any use or purpose on my behalf.</p>
	<p>Payee Name Altered The payee's name on the above described Item has been changed. This was originally made payable to _____ and was altered to make it payable to _____. I did not alter the payee's name nor did I authorize the alteration.</p>
	<p>Remotely Created Check <i>A remotely created check (sometimes called a "demand draft") is a check, often created by a payee or its service provider, drawn on a customer's bank account. The check often is authorized by the customer remotely, by telephone or on-line and therefore does not bear the customer's handwritten signature.</i> I did not authorize a remotely created check on my account for the Item listed above. _____ (Initial). (Each account holder must sign if this claim is made).</p>
	<p>Unauthorized Over the Counter Withdrawal The signature on the withdrawal slip(s), examined by me is a forgery. I did not sign the withdrawal slip(s) nor did I authorize any other person to sign my name to withdraw funds from the account.</p>
	<p>Counterfeit Instrument The following check bearing my account information is a replication that was not issued by me.</p>
	<p>Other –</p>

Describe the incident:

Include all information concerning the above claim.

How was the fraudulent item discovered on your account? Were items lost or stolen? Do you know who is involved in the above claim?

Attach copy of Police Report, if filed

I state that I am making this affidavit for the purpose of establishing a disputed transaction on my Axos Bank™ Account. I did not give, sell, transfer or trade my account number to anyone nor did I give anyone permission to use my account. The transactions detailed above were not made by me or anyone authorized by me. I further state that I did not receive any benefit from the unauthorized use of my account. I did not negotiate this item or authorize the use of this account by anyone else after I discovered the account had been compromised (item lost, stolen or counterfeited). I give my consent to Axos Bank to release any information regarding my account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my account. I certify under penalty of perjury that the information provided by me in this Affidavit is true. I understand that making a false statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

- ALL SIGNATURES MUST BE NOTARIZED

Signature of Account holder: _____ Date: _____

Signature of Joint Account holder _____ Date: _____

State of _____)

County of _____)

On _____ before me, _____ personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)
(Notary Signature)

You may fax form to: 1-858-350-0443
You may mail form to: Axos Bank
ATTN: Deposit Operations
(LP) PO Box 911039
San Diego, CA 92191-1039

Contact Customer Service, Monday through Friday 6:00 a.m. through 6:00 p.m. (PT), with any questions on: 1-888-502-2967.

Bank Use Only

Affidavit received (date): _____ Received by (representative's initials): _____