

**Instructions for Completing a Claim of Forged/Unauthorized/Altered Check Declaration
under Penalty of Perjury (030-03080)**

Section	Action/ Requirements
Note	<ul style="list-style-type: none"> • No White-outs or cross outs on this document are allowed. This will cause processing delays and/or the claim to be rejected. • Do not complete an affidavit if the item was returned • Forged Maker Signature-the ACCOUNT OWNER must sign in Section 7 and have their signature notarized • Counterfeit Item-the ACCOUNT OWNER must sign in Section 7 and have their signature notarized • Check Alteration-the ACCOUNT OWNER must sign in Section 7 and have their signature notarized • Forged Endorsement-the PAYEE must sign in Section 6 and have their signature notarized
1	<p>Claimant and Check Information: For a forged signature or counterfeit check, enter the account owner information. Select if a Personal <u>or</u> Business Account</p> <ul style="list-style-type: none"> • Personal: <ul style="list-style-type: none"> ▪ I,(Name): Customer’s name ▪ Residing at(Address): Customer’s street address ▪ (City): City of street address ▪ (State): State of the address ▪ (ZIP): ZIP Code of the Address • Business: <ul style="list-style-type: none"> ▪ I,(Name): Authorized signer for the business making the claim ▪ (Name of entity): Name of the business or entity ▪ Entity is: Check the appropriate box identifying the ownership type of the business • Check information: <ul style="list-style-type: none"> ▪ Check number: Number on the check ▪ Date on Check: Date on the face of the check ▪ Amount: Amount that has actually posted to the account (in Host). Verify by the customer’s statement, history, or eVision. ▪ Payee: Pay to the order of line: Payee’s name on the front on of the check if the customer has the original or on eVision. If it was altered, the name it was altered to. ▪ Bank of the West/ Drawn on ABA: Bank routing number; usually Bank of the West. ▪ Name on upper left corner of item: Account owner or business name ▪ Account number: (must match Claimant name): Bank of the West account number for the account the claim is being made. (If it is a converted check, do not write the old account number); if the item is an Online Banking check, use the account number at the bottom of the check. See sample.
2	<p>Type of Claim: <i>Please check only one claim type below If you select more than one type the affidavit is considered invalid and will returned to the branch to have corrections made.</i></p> <ul style="list-style-type: none"> • Forged Maker Signature: <ul style="list-style-type: none"> ▪ Signature of: The name of the person signing the front of the check (drawee’s name) ▪ A separate Declaration is required for each check claim disputed. • Counterfeit/Fictitious check: <ul style="list-style-type: none"> ▪ A separate Declaration is required for each check claim disputed. • Altered Check: <ul style="list-style-type: none"> ▪ The amount of the check: Enter the intended amount of the check and then the amount it was changed to. ▪ The Payee’s name: Enter the intended payee’s name and then what the payee was changed to ▪ Please initial: Your initials are required to confirm your signature (the Maker) is not a forged signature. If your signature (the Maker) turns out to be a forgery, a new affidavit will be required in order to properly process the claim. ▪ Note: If there is a copy of the check after issuance and prior to alteration or an invoice from the original intended payee, please include with this Declaration. • Forged, Unauthorized, or Missing Endorsement: <ul style="list-style-type: none"> ▪ Checking this box indicates the payee’s endorsement on the back of the check is forged, unauthorized, or missing.

Instructions Continued....

3	<p>Representations and Warranties:</p> <ul style="list-style-type: none"> This section should be read and understood by the claimant.
4	<p>Other Information:</p> <ul style="list-style-type: none"> Please check the appropriate box. If you do have information you believe to be true, please explain in the space provided. You may attach additional sheets of paper if needed.
5	<p>Cooperation with Law Enforcement or Civil Proceeding:</p> <ul style="list-style-type: none"> Police report filed: Indicate Yes (Police Report is required)Case #: Enter the case number assigned by the law enforcement agency Agency: List the law enforcement agency where report was filed Detective's Name and Phone #: Enter the information about the officer that took the report
6 or 7	<p>Execution of this Declaration:</p> <ul style="list-style-type: none"> Check the appropriate box for type of claim: Forged, Unauthorized or Missing Endorsement OR Forged Maker's Signature OR Counterfeit/Fictitious Check OR Altered Check <ul style="list-style-type: none"> This Declaration is executed on: enter month and date, then year. In the City of: the City where you are making the claim County of: the County where you are making the claim State of: the State where you are making the claim Payee's name: Paid to the order of on the front of the check Signature of Payee or authorized signer of Payee: of the person the check is made payable to or their authorized signer Entity's name: Business name if claim is filed on behalf of a business Signature of authorized signer of entity: authorized signer for the business Telephone number: the personal telephone number or business number if a business; a number where the claimant can be reached during business hours Authorized signer's title if signing for an entity: title/ position of the person signing on behalf of a business
8	<p>Notary Acknowledgement</p> <ul style="list-style-type: none"> This Declaration must be notarized. The first notary acknowledgement in the top portion is for All States <u>except</u> California. The second notary acknowledgement in the bottom portion is for California only.

IMPORTANT NOTICE: Immediately upon receipt of the affidavit, sign and notarize. It is critical that the completed affidavit is returned immediately to Bank of the West. If the affidavit is not received in a timely manner, the claim maybe rejected or processing time may be extended. If you have any questions, please contact your branch manager or your assigned Customer Service Specialist.

Sample of a Check

The diagram illustrates the components of a check with the following labels and corresponding fields:

- Customer Name & Address:** Points to the top left section containing "Customer Name", "Street Address", and "City, State, Zip".
- Payee:** Points to the "PAY TO THE ORDER OF" field, which contains "Home Mortgages, Inc.".
- Legal/Written Amount:** Points to the "Fifty thousand and 00/100" field.
- Numeric Amount:** Points to the "\$ 50,000.00" field.
- Date:** Points to the "September 19, 2012" field.
- Customer Signature:** Points to the signature "Customer Name" at the bottom right.
- MICR Line:** Points to the bottom line of numbers "1214007821653123456789".
- Routing Transit Number:** Points to the first part of the MICR line "121400782".
- Check Number:** Points to the middle part of the MICR line "1653".
- Account Number:** Points to the last part of the MICR line "123456789".

Additional text on the check includes "BANK OF WEST", "1500 TREAT BLVD WALNUT CREEK, CA 94597-2168 1-800-488-2265", and "FOR house payment".

**CLAIM ON FORGED/UNAUTHORIZED/ALTERED CHECK
 DECLARATION UNDER PENALTY OF PERJURY (Personal and Business)
 THIS DECLARATION MUST BE NOTARIZED**

No white-outs or cross outs on this document are allowed. This will cause processing delays and/or the claim to be rejected.

SECTION 1: Claimant and Check Information.

Please check the appropriate box and fill in the requested information that corresponds to such checked box:

- Personal Account: I, (name) _____ (“Claimant”),
 residing at (address) _____,
 (city) _____ (state) _____ (ZIP) _____

 - Business Account: I, (name) _____ am an authorized
 signer on the business account in the name of (name of entity) _____.
- I am authorized to make this claim on behalf of the entity. The entity is: a corporation, a partnership, a sole proprietorship, an association, a limited liability company, other _____.

This Declaration pertains to the “Check” described below:

Check Number:	Date on Check:	Check Amount: \$	Pay to the order of line (“Payee”):
Drawn on: Bank of the West	Name on upper left corner of item (“Maker”):	Account Number:	

SECTION 2: Type of Claim:

Please check only ONE claim type below:

- Forged Maker Signature:** The signature of _____ (“authorized signer”) is a forgery. The authorized signer did not sign, authorize, or approve the signature at any time. A separate Declaration is required for each Check.

- Counterfeit/Fictitious Check:** A separate Declaration is required for each Check.

- Altered Check*:** The following alteration(s) was/were made by someone who had no authority to do so (you can complete more than one box):
 - The amount of the Check was changed from \$ _____ to \$ _____.
 - The Payee’s name was changed from _____ to _____.

Please initial in the space provided if the following is a true statement:

_____ The signature on the front of the Check is a true signature, not a forged signature.

A separate Declaration is required for each Check claim.

NOTE: *If there is a copy of the Check after issuance and prior to alteration or an invoice from the original intended payee, please attach to this Declaration.

- Forged, Unauthorized, or Missing Endorsement:** The Payee’s endorsement (signature) on the back of the Check is forged, unauthorized, or missing. Further, the Payee did not authorize the endorsement (signature) on the back of the Check.

SECTION 3: Representations and Warranties.

I represent and warrant that, in executing this Declaration, I am acting with full power and sole authority to do so.

In addition to the above representation and warranty, I make the following additional representation and warranties with the intent that law enforcement agencies and the financial institutions involved will rely upon them. Neither I nor anyone else representing the Claimant has:

- Authorized, approved, or ratified the action(s) described above in Section 2.
- Received proceeds or any direct or indirect benefit or value from the Check.
- Been, or arranged to be reimbursed for, any loss suffered as a result of the unauthorized action described above in Section 2.
- Made any other claim for reimbursement or assigned or granted any right in the Check or any claim related to the Check to others.
- Discovered any other unauthorized transactions involving any accounts with Bank or with any other financial institution.

SECTION 4: Other information:

I have no knowledge or information about the identity of the person who conducted the unauthorized action as described above.

I believe the following information is true about the identity of the person who conducted the unauthorized actions as described above. _____

SECTION 5: Cooperation with Law Enforcement or Civil Proceeding:

I agree to cooperate in any criminal or civil proceeding that may ensue from this Declaration. I further understand and agree that; (a) acceptance by Bank of this Declaration does not constitute the Bank's admission that the statements are true or a commitment to pay any amount to any person; and (b) Bank may file a criminal or civil complaint pertaining to the unauthorized action described herein and this Declaration may be delivered to law enforcement agencies and relied upon in court.

Please provide the following information: (Attach copy of police report if available)

Police report filed? _____ Yes

Case # _____ Agency _____

Detective's Name _____ Phone # _____

Please check the appropriate box in section 6 or 7 matching your selection in Section 2 above and fill in the requested information that corresponds to such checked box:

SECTION 6: Execution of this Declaration:

- If Forged, Unauthorized, or Missing Endorsement box is checked in Section 2, please complete the following and sign (the signature must be notarized):**

The endorsement (signature) on the back of the Check was forged or unauthorized or is missing. Further, I did not authorize the endorsement (signature) or receive proceeds or any direct or indirect benefit or value from the Check.

I declare under penalty of perjury under the laws of this state that the information is true and correct. This Declaration is executed

On _____ 20_____, in the City of _____, County of _____,

State of _____.

Print Payee's Name

Signature of Payee or Authorized Signer of Payee

Print Entity's Name (If applicable)

Signature of Authorized Signer of Entity (If applicable)

Telephone Number (include Area Code)

Print Authorized Signer's Title if Signing for an Entity (if applicable)

SECTION 7: Execution of this Declaration:

- If Forged Maker's Signature, or a Counterfeit/Fictitious Check, or Check Alteration box is checked in Section 2, please complete the following and sign (the signature must be notarized):**

The authorized signer's signature on the front of the Check is a forgery OR the Check is a counterfeit or fictitious check OR the Check has been altered. Further, neither the authorized signer nor anyone else representing the Claimant signed, authorized or approved the signature or alteration at any time.

I declare under penalty of perjury under the laws of this state that the information is true and correct. This Declaration is executed

On _____ 20_____, in the City of _____, County of _____,

State of _____.

Print Maker's Name

Signature of Maker or Authorized Signer of Maker

Print Entity's Name (If applicable)

Signature of Authorized Signer of Entity (If applicable)

Telephone Number (include Area Code)

Print Authorized Signer's Title if Signing for an Entity (if applicable)

SECTION 8:

Notary Acknowledgement: All States Except California

STATE OF _____

COUNTY OF _____

On _____, 20 _____, before me, the undersigned, a Notary Public in and for said State, personally

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

WITNESS my hand and official seal.

(SEAL)

Signature of Notary

Notary Acknowledgement: California Only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____

On _____, 20 _____, before me, the undersigned, a Notary Public in and for said State, personally

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

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

WITNESS my hand and official seal.

(SEAL)

Signature of Notary

**Send Notarized Original to: Bank of the West
Check Adjustments – NE-BBP-03-H
13505 California St.
Omaha, NE 68154**

Send Certified Copy: Charge Off Packet