Affidavit of Check Fraud

Name of claimant/customer reporting fraud	Wells Fargo account number of check signer	Date

- Submit a completed and signed **Questionnaire of Check Fraud** (pages 3 and 4) along with this form.
- Please check one of the following:

☐ Signature forged	☐ Counterfeit	☐ Altered	☐ Other
My signature on the face of the checks listed below is a forgery. I did not sign the checks and I did not authorize the signature.	The checks are an imitation of checks drawn on my account. I did not create, sign, or authorize the creation or signatures of the checks listed below.	The checks listed below have unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the checks.	*(Please explain)*

Please include the following information for *each* fraudulent check:

- If the check was **altered,** please use two lines and include the information originally written on the check, as well as the information written on the check when it was paid, along with the original check register. Use a separate affidavit (page 1) for *each* altered check.
- If you have **more than 3 checks to list**, please continue listing them on page 2 of this affidavit.

Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check here if you have included in the claim total, shown to the right, items on page 2 or on an attached page: ☐		**Claim total:**	Amount

Please return the completed claim forms, along with the original checks, or photocopies to the address below. Overnight mail will NOT be accepted; USPS certified and priority mail OK.

TM FRAUD CLAIMS SAN LEANDRO
PO BOX 848140
LOS ANGELES, CA 90084-8140

Claimant/Customer: By signing below, you are declaring the following:

- I did not receive any benefit or value from the proceeds of the checks listed above.
- I have not arranged with the persons who misused the checks listed above to be reimbursed for any portion of the proceeds of the checks.
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

I declare under the penalty of perjury that the above statements are true and correct.

This form must be notarized after it's been completed. If the person signing this affidavit is located outside the U.S., the foreign notarized document must be "authenticated" at the U.S. Consulate.

Print name and title:	Phone number / email:
Signature:	Date:
Address of claimant/customer (Address/City/State/ZIP)	

Signature of Notary Public:

Place Notary Stamp here:

NOTARY INFORMATION:

State of: _____ County of: _____

Subscribed and sworn before me this _____ day of _____, (year) _____

My commission expires _____

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Additional checks continued from page 1

Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
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Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
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Questionnaire of Check Fraud

Please answer the following questions to assist us in our investigation:

1) **When** and **how** did you discover the fraud in your account?

2) **When** and **how** did you report the fraud to Wells Fargo?

3) Have you reported the fraud to law enforcement? If yes, please provide the agency, investigator name (if assigned), and the case number.

4) Do you know who might have committed the fraud?
(If yes, please list their name and relationship to you here, then answer Questions 5 and 6 below. If no, skip to Question 7.)

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5) Please give details about this person, including addresses and phone numbers. If a current or former employee, list employment dates.

6) Explain how the person that committed the fraud might have gained access to your account information.

7) Please tell us anything else that might help us with the investigation.

I declare under the penalty of perjury that the above statements are true and correct:

Print name and title	**Phone**	**Email**
Signature		**Date**
Address of claimant/customer: (Address/City/State/Zip)		

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