Affidavit of Check Fraud by Payee

Forged Endorsement Claims *Only*

Name of Payee	Wells Fargo account number of check signer:	Date

Please return the completed claim forms along with PHOTOCOPIES ONLY of the check(s) and supporting documents to the address below. Overnight mail will NOT be accepted; USPS certified, priority and first class mail OK.

TREASURY MANAGEMENT FRAUD & CLAIMS
PO BOX 848140
LOS ANGELES, CA 90084-8140

- If you are claiming more than one check as "Endorsement Forged," please make photocopies of this form and submit each check with a separate signed affidavit page.
- Please include the following information for each fraudulent check:

☐ **Endorsement forged**

My endorsement on the reverse side of the check listed below is a forgery, missing, or not as originally drawn. I did not endorse the check, nor did I authorize the endorsement.

Check #	Date	Made payable to:	Amount

Customer/Payee/Claimant: By signing below, you are making the following declarations:

- The statements indicated above are true.
- 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 (affiant) 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 customer/affiant (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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