



CUMIS Insurance Society, Inc.
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CAROLINA COLLEGIATE FCU

CLAIM NO.
STATE & CONTRACT NO. 039-0183-4

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

AFFIDAVIT OF FORGERY

- I am first duly sworn and state I am:
 Name _____
 Mailing Address _____
 City, State, Zip _____
 Phone Number Home (_____) _____ Work (_____) _____
- 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) _____
- The instrument(s) is/are drawn on _____
Name of Credit Union or Bank
- On the instrument(s) I am named as the: (Check the appropriate box)
 Payee/Endorser (on 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) _____
- This 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
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

(If more space is required, use a separate sheet)
- 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.
- Do you know who forged your signatures? Yes No If yes, provide details on a separate page or the back of this page.
- 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.
- 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 five times: _____

State of _____ County of _____

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

 Notary