

The *Affidavit of Unauthorized Action by Claimant* form is used to make a legal claim about the wrongful use of a negotiable instrument. When NASA Federal Credit Union receives your completed *Affidavit of Unauthorized Action by Claimant* form, your claim will be researched. It is imperative that you complete this claim in its entirety.

**The *Affidavit of Unauthorized Action by Claimant* form must be signed as follows:**

- If this claim is for a forged signature or a counterfeit check, the account owner and/or joint owner whose signature is forged must sign.
- If the claimant is for a forged endorsement, an account owner and/or joint owner and the payee/endorser must sign.
- If the person who signed the item is not an authorized signer on the account, an account owner and/or joint owner must sign.

**How to complete the Affidavit:**

- Claimant's Name:** Enter your name or business name.
- Account Number:** Enter your full account number on which the unauthorized action occurred.
- Date:** Enter today's date.
- Type of Fraud:** Check the box that applies to the item(s) listed on the form.
- Check No.:** Enter the number of the instrument, if any.
- Check Date:** Enter the date the check was written.
- Amount:** Enter the amount of the instrument.
- Payable to (Payee):** Enter the name of the person or business name to whom the instrument was made payable.
- Declarations:** Read the declarations listed. The *Affidavit of Unauthorized Action by Claimant* is a legal document. The completed form can be used in court as evidence. You may be required to testify or certify in court to the truth of all statements contained in the *Affidavit of Unauthorized Action by Claimant*.
- Sign Form:** Sign your name in the space provided, indicating your business phone number and the date.

**Signatures:**

- **All signatures must be notarized.**

**How to complete the Letter of Circumstance:**

- Circumstances:** Describe any circumstances that may have contributed to the unauthorized action of the instrument(s) described on the form. For example, your checks or identification may have been lost or stolen.
- Suspect Information:** If you suspect someone of negotiating the instrument(s), you must write his or her name and address in the space provided if known.
- Police Report:** Indicate whether a police report was filed. If so, write the name of the agency and the detective's name and phone number, including the area code, in the space provided, and attach a copy of the police report to the *Affidavit of Unauthorized Action by Claimant*.
- Account Closure:** Indicate whether the affected account was closed.

**After completing the *Affidavit of Unauthorized Action by Claimant*, please forward the original documentation to:**

NASA Federal Credit Union  
Attn: Security Department  
500 Prince George's Blvd.  
Upper Marlboro, MD 20774

If you have any questions regarding this matter, feel free to contact us at 301-249-1800 or toll-free 1-888-NASA-FCU (627-2328), ext. 7221.

Thank you for your membership with NASA Federal Credit Union. We appreciate your business and look forward to being of service for all of your financial needs.

1.) I am first duly sworn and under penalties of perjury state the following:

I am: CLAIMANT'S NAME (LAST, FIRST, MI) OR BUSINESS NAME	ACCOUNT NUMBER	DATE
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<input type="checkbox"/> <b>Endorsement Forged:</b> The endorsement on the reverse of the item(s) described below is a forgery, missing, or not as drawn. I did not endorse the item(s) and I did not authorize the endorsement.	<input type="checkbox"/> <b>Signature Forged:</b> The signature on the face of the item(s) described below is a forgery. I did not sign the item(s) and I did not authorize the signature.	<input type="checkbox"/> <b>Counterfeit Item(s):</b> The item(s) are an imitation of one drawn on my account. I did not create, authorize the creation, or sign the item(s).	<input type="checkbox"/> <b>Account Transaction Voucher:</b> The signature on the withdrawal slip(s) or deposit slip (for cash back transactions) described below is a forgery. I did not sign the item and I did not authorize the withdrawal from my account.	<input type="checkbox"/> <b>Alteration:</b> The item(s) have been altered from how they were originally written <b>(as described on the lines below)</b> . I did not authorize the alteration.
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**Describe the fraudulent item(s) below:**

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Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):
Check #	Amount: \$	Check Date	Payable to (Payee):

Additional items described in the Attachment of the Affidavit of Unauthorized Action by Claimant.

2.) I did not receive any part of the proceeds of the item(s) listed above nor did I authorize anyone else to negotiate the item(s) on my behalf. This affidavit is made voluntarily for the purpose of establishing the fact that I did not endorse the item(s) identified above.

## Affidavit of Unauthorized Action by Claimant

CLAIMANT'S NAME (LAST, FIRST, MI) OR BUSINESS NAME	ACCOUNT NUMBER	DATE
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3.) I/We declare the following:

- I/We understand this *Affidavit of Unauthorized Action by Claimant* is subject to investigation by local, state, and/or federal law enforcement agencies. I/We understand that the account records related to this claim may be given to law enforcement as evidence for the investigation. I/We also understand that I/We may be required to comply with a court order or a subpoena to give testimony.
- I/We understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment. Specifically, I/we understand that under federal law (18.U.S.C.1344), it is a crime to knowingly defraud or attempt to defraud a federal credit union and may be punishable by a fine up to \$1,000,000 and/or by imprisonment up to 30 years.
- I understand and agree that NASA Federal Credit Union has no obligation to reimburse for any losses resulting from this alleged *Affidavit of Unauthorized Action by Claimant* unless I/we cooperate fully in any investigation and/or prosecution of this alleged *Affidavit of Unauthorized Action by Claimant*, including, but not limited to filing a complete report with the appropriate law enforcement officials, participating in any investigation by law enforcement, and attending and participating as a witness in any legal proceeding.

4.) I suspect the following person of having performed an unauthorized action on the fraudulent item(s) described on the attached Affidavit of Unauthorized Action by Claimant:

NAME	ADDRESS	
CITY	STATE	ZIP

- Are you willing to prosecute?     Yes     No

5.) I declare under penalty of perjury that the foregoing is correct.

CLAIMANT'S SIGNATURE:	PHONE NUMBER	DATE
PRINT CLAIMANT'S NAME:	BUSINESS TITLE OR POSITION	EMAIL ADDRESS*

\*Include if we may use to contact you regarding this claim.

To be completed by a Notary Public for Claimant.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**IF FORGED, MISSING OR "NOT ENDORSED AS DRAWN" CLAIM**  
the payee/endorser must sign below (in addition to the claimant)

I declare under penalty of perjury that the foregoing is correct.

PAYEE/ENDORSER SIGNATURE:	PHONE NUMBER	DATE
PRINT PAYEE/ENDORSER'S NAME:	BUSINESS TITLE OR POSITION	EMAIL ADDRESS*

\*Include if we may use to contact you regarding this claim.

To be completed by a Notary Public for Payee/Endorser. Only **forged signatures, counterfeit items and account transaction vouchers** need to be notarized.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

