



**Fitzsimons**  
A PARTNERING CREDIT UNION

**Affidavit of Forgery/Fraud**

Date: \_\_\_\_\_ Service Professional \_\_\_\_\_ Account Number \_\_\_\_\_

This form **must** be filled out in longhand.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

**Remotely Created Share Drafts and Share Drafts**

Date	Instrument Number	Dollar Amount	Payable To
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

\*continue on back if needed

**Sworn Statement**

Information that must be included is:

1. Date loss was discovered
2. Date loss was reported to Fitzsimons
3. Date of first fraudulent transaction

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I certify that the items listed were not made by me or by a person authorized by me, nor were the goods or services represented by the above transaction(s) received by myself or by a person known to me.  
I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

**Four Signatures,**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Public) \_\_\_\_\_