



Affidavit of Forged, Unauthorized, or Altered Item

Account Title _____

Address _____

City, State, Zip _____

Phone Number(s) () _____ Alternate Number () _____

Account # _____ (A separate Affidavit is required for each account)

Select one of the following (if more than one option is selected the Affidavit is invalid)

- Counterfeit/Forged Maker Signature** – The signature on the face of the check(s) listed below is unauthorized or forged.
- Altered** – The check listed below is a genuine check with an authorized signature, but the amount and/or payee of the check has been altered. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the check.
- Unauthorized Draft** (Remotely Created Check not bearing my signature) – I did not authorize or otherwise approve the creation or payment of this draft against my account.
- In Branch Withdrawal** – My signature on the withdrawal ticket(s) listed below is a forgery, and I did not authorize the signature.

***If the box below is check marked, the payee of the check MUST sign and date the affidavit, NOT the maker of the check**

- Forged/Missing Payee Endorsement** – My endorsement on the reverse side of the check listed below is unauthorized, forged, or missing.

Transaction Details - For Altered or Payee Endorsement Forged/Missing (if you are claiming more than one check, please submit a separate Affidavit for each check)

Check #	Date	Original Amount	Original Payee	Altered Amount (if applicable)	Altered Payee (if applicable)

Transaction Details – For all other types of claims

Check #	Date	Amount	Payee



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Please provide detailed information regarding your claim. Attach additional pages if needed.

BY SIGNING BELOW, YOU ARE MAKING THE FOLLOWING DECLARATIONS

- ✓ (For Counterfeit/Forged and Altered Payee Items) I did not receive any benefit or value from the proceeds of the check(s)/draft(s)/withdrawal ticket(s) listed above, and I have not arranged with any person(s) to receive any such benefit or value.
- ✓ (For Altered Amount Items) I did not receive any benefit or value from the proceeds of the item in excess of the original amount, and I have not arranged with any person(s) to receive any such benefit or value.
- ✓ I have no knowledge or information as to the identity of the person(s) who forged my signature(s), placed the unauthorized signature, or altered the item, except as set forth in the detailed information section referenced above.
- ✓ I will cooperate in any investigation, promptly disclose any information requested by BMO, and if necessary, cooperate in any criminal or civil action involving this Affidavit, including testifying to or certifying the truth of the statements made by me in this Affidavit.
- ✓ All the information I have provided in this Affidavit is true and correct.

For all claim types except Forged/Missing Payee Endorsement

Signature	Date
Printed Name	Business Name and Title (If applicable)

For Forged/Missing Payee Endorsement claim- PAYEE MUST SIGN BELOW

- ✓ I did not receive any benefit or value from the proceeds of the check listed above, and I have not arranged with any person(s) to receive any such benefit or value.
- ✓ I have no knowledge or information as to the identity of the person(s) who forged my signature(s) as endorser of the check or deposited/negotiated the unendorsed check, except as set forth in the detailed information section referenced above.
- ✓ I will cooperate in any investigation, promptly disclose any information requested by BMO, and if necessary, cooperate in any criminal or civil action involving this Affidavit, including testifying to or certifying the truth of the statements made by me in this Affidavit.
- ✓ All the information I have provided in this Affidavit is true and correct.

Signature of Payee	Date
Printed Name	Business Name and Title (If applicable)

