



Affidavit of Unauthorized Paper Debit

I: Signer Details	
Your Name (please print)	
Business Name	
Your Title (if signing for a business)	

II: I have examined the following Check/Draft/Withdrawal which was charged to:			
Account #	153100367785	Check or Deposit Amount:	
Check #		Check or Deposit Posting Date:	

III. I hereby state that the item listed above is:													
<i>*NOTE: For Endorsement Forged, Missing or Not as Drawn, The Payee(s) must complete the affidavit.</i>													
Claim Type: (Check only one)	Claim Type Description:												
<input type="checkbox"/> Signature Forged/Unauthorized Over the Counter Withdrawal:	My signature on the face of this item is a forgery. I did not sign the check/withdrawal ticket or authorize the signature.												
<input type="checkbox"/> Counterfeit:	The check is an imitation of a check drawn on my account. I did not create, sign or authorize the creation of the check.												
<input type="checkbox"/> Unauthorized Draft (Pre-Authorized Draft/Remotely Created Check not bearing a/my signature):	I did not authorize or otherwise approve the creation or payment of this item against my account.												
<input type="checkbox"/> Alteration:	The Date, Amount, and/or Payee have been changed; I have not directly or indirectly authorized anyone to make alterations to the check. I am attaching a copy of the original check or ledger showing proof of the original item. Complete this section:												
	<table border="1"> <thead> <tr> <th>Check Field:</th> <th>Original:</th> <th>Changed to:</th> </tr> </thead> <tbody> <tr> <td>Date:</td> <td></td> <td></td> </tr> <tr> <td>Amount:</td> <td></td> <td></td> </tr> <tr> <td>Payee</td> <td></td> <td></td> </tr> </tbody> </table>	Check Field:	Original:	Changed to:	Date:			Amount:			Payee		
Check Field:	Original:	Changed to:											
Date:													
Amount:													
Payee													
<input type="checkbox"/> Endorsement Forged/Missing/Not as Drawn:	I am the person named as the Payee on the check and my endorsement in the reverse of the check is a Forgery, Missing or otherwise incorrectly endorsed. (If joint payees were named on the check and they are not receiving equal amounts, enter the name and percentage owed for each payee below):												
<input type="checkbox"/> Fraudulent Deposit or cashed check:	The check listed is not my check but was negotiated against or deposited into my account. This transaction was not conducted by an authorized account signer.												

By Signing Below, You Are making the Following Declarations:

- I did not receive any benefit or value from the proceeds of the check listed above, nor have I arranged with the person who misused the check listed above to be reimbursed for any portion of the proceeds of the check.
- I will cooperate in an y investigation, promptly disclose any information requested by the bank, if necessary, cooperate fully with any prosecution and I will testify to the truth of these statements in any case which may result from this affidavit.

I declare under penalty of perjury that the above stated is true.

Signature

Date

<p>Mail Original affidavits to: DDA Fraud EP-MN-O1FC, 1200 Energy Park Drive. To expedite review, you may scan and email to: ddaclaimsservices@usbank.com or fax to 866-405-0852. This will not replace the need to return the original materials.</p>
