

Affidavit of Check Alteration

Form Instructions

- 1 – Complete all applicable fields
- 2 – Print completed form
- 3 – Sign and date the **Signature** section
- 4 - Mail copy to Memorial Credit Union

Claim no: _____

I/We, the undersigned, hereby state under the penalties of perjury that the undersigned is the maker of Check Number _____ drawn on account number _____ in the name of _____

at Memorial Credit Union; that said check was originally drawn in the amount of

\$ _____ dollars, payable

to _____; that said check has been altered

by a person or persons unknown to me to: (check and complete one or both of the following)

___ change the amount to \$ _____

___ change the payee(s) to _____;

and further, that I/we received no benefit from said alteration.

Signed this _____ day of _____, 20 _____.

By: _____

NOTARY

State of: _____ County of: _____

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

_____, Notary Public

Please mail a copy of this notarized form to Memorial Credit Union, 7789 Southwest Freeway, Suite 175, Houston, TX 77074. Please keep the original for your records.