

AFFIDAVIT OF FORGED ENDORSEMENT

If there is more than one check to report, make copies of this form as necessary

Please provide us with the following information about yourself.

PRINT YOUR NAME (FIRST MI LAST)	() AREA CODE & DAYTIME TELEPHONE #
STREET ADDRESS	CITY, STATE AND ZIP CODE
YOUR DRIVER'S LICENSE OR ID # (INCLUDE ISSUING STATE)	WELLS FARGO ACCOUNT NUMBER ON WHICH FRAUD OCCURRED

Please provide us with the following information about the check.

CHECK ISSUED BY	ISSUE DATE	SERIAL NUMBER
CHECK PAYABLE TO	CHECK AMOUNT	
CHECK ENDORSED BY		

By signing below, you are making the following declarations:

I declare under penalty of perjury that:

- I did not sign, authorize, or otherwise approve of the endorsement on the check listed above.
- I did not receive any benefit or value from the proceeds of the e check listed above.
- I have not arranged with the person(s) who misused the check listed above to be reimbursed for any portion of the proceeds of the check.
- I will testify to the truth of these statements in any case which may result from this Declaration.
- All information I have provided in this document is true.

PLACE NOTARY STAMP HERE*	NOTARY SIGNATURE
	DATE NOTARIZED
	CITY & STATE WHERE SIGNED

*NOTARY STAMP REQUIRED FOR ALL FORGED ENDORSEMENT AFFIDAVITS REGARDLESS OF LOCATION