

Portales Police Department Forged Document Statement

Affiant _____ Account Name _____

Affiant's Account Number _____ Bank Drawn On _____

Date _____ Amount of Check _____ Check Number _____ Payable to _____

Please Note: You may initial more than one box below if your item has been misused in more than one way. However, a separate affidavit must be completed for each item.

MAKER'S SIGNATURE FORGED

*The maker's signature of _____ on the item is a forgery. I did not authorize the signature.

ENDORSEMENT FORGED

*The endorsement of _____ on the above item is a forgery. I did not authorize or write the endorsement.

CHECK AMOUNT ALTERED

*The amount of the above item was altered from the original amount of \$_____ to \$_____. I did not alter the amount of the item nor authorize the alteration.

PAYEE NAME ALTERED

*An unknown person altered the payee's name on the item to make it payable to the order of _____. I did not alter the payee's name nor authorize the alteration.

UNAUTHORIZED MAKER'S SIGNATURE

*The maker's signature of _____ on the above item is not authorized. The person who issued the item is not authorized to use the account.

OTHER (Counterfeit, etc.)

I, _____, as affiant declare that the statement(s) in this document are true and correct.

_____ (Signature of Affiant)

Address (Residence) _____ City _____ State _____ Zip Code _____

Home Phone(____) _____ Work/Mobile(____) _____