



Statement of Fraud
Forged Maker Signature or Counterfeit Check Claim

**TO BE COMPLETED BY THE CUSTOMER FAILURE TO ANSWER
 QUESTIONS FULLY COULD DELAY PROCESSING OF YOUR CLAIM**

PART I : CLAIMANT INFORMATION *(please print legibly)*

For Individuals:

First Name:	Last Name:
Mailing Address:	Huntington Account No.:

For Businesses:

Business Name:	
Type of Business Entity: Partnership / Corporation / Limited Liability Company <i>(circle one)</i>	
Mailing Address:	Huntington Account No.:

PART II : TYPE OF CLAIM

- Forged Maker Signature:** The signature on the check(s) listed below is not mine. I did not authorize anyone to sign the check(s) for me, nor did I receive any proceeds or benefit from the check(s).
- Counterfeit Checks(s):** The check(s) are an imitation of check(s) drawn on my account. I did not create, sign or authorize the creation or signature on the check(s).
- Other:** _____

PART III: DETAILS OF CLAIM

1.	What date was the disputed check paid from your account? (If more than one check is being disputed, provide the date the first disputed check was paid from your account.)	Date: _____/_____/_____
2.	What date did you discover the disputed check? (If more than one check is being disputed, provide the date you discovered the first disputed check.)	Date: _____/_____/_____
3.	How did you discover the disputed check(s)?	(Circle One) Statement / Online Banking / Branch / ATM Balance Other: _____
4.	What date did you report the disputed check(s) to Huntington?	Date: _____/_____/_____
5.	Who did you report the disputed check(s) to at Huntington?	<input type="checkbox"/> Branch: _____ <input type="checkbox"/> Customer Service Center
6.	Provide an explanation for any delays in discovering or reporting the disputed check(s). <i>(If more space is needed, use Part VII)</i>	
7.	Do you know who forged your signature on the disputed check(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If you answered yes to the prior question, please provide the person's full name and your relationship to that person.	Name: _____ Relationship: _____
9.	Have you allowed someone to sign your checks for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10.	If you answered yes to the prior question, please list the name of that person.	Name: _____	
11.	Have you ordered checks recently that were not received by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	If you answered yes to the prior question, please provide the date of your check order.	Date: ____/____/____	
13.	Has your home or automobile been burglarized, or has your wallet or purse been stolen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	If you answered yes to the prior question, please provide the date the theft occurred and check all that apply.	Date: ____/____/____ <input type="checkbox"/> Home Burglarized <input type="checkbox"/> Automobile Burglarized <input type="checkbox"/> Wallet / Purse Stolen <input type="checkbox"/> Check(s) Stolen <input type="checkbox"/> Identification / Passport Stolen	
15.	Have you replaced your stolen identification?	<input type="checkbox"/> Yes Date: / /	<input type="checkbox"/> No
16.	Was there damage to your home or automobile when the theft occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Please explain the circumstances surrounding the theft.		
18.	Have you reported a previous forgery claim to Huntington?	<input type="checkbox"/> Yes Date: / /	<input type="checkbox"/> No
19.	Please provide any other relevant facts regarding how the forgery occurred or any other pertinent facts about the forger.		
20.	List the check number(s), dollar amount(s), payee name and date(s) paid from your account: <i>(List additional items on page 4.)</i>		
	Check Number	Dollar Amount	Payee Name
			Date Paid from your Account
Additional Questions for Business Customers Only			
21.	Have you hired or fired any employee(s) that had access to your check(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	If you answered yes to the prior question, please provide the employees' names and circumstances surrounding their access to your check(s). <i>(If more space is needed, use Part VII)</i>		
23.	Did any authorized persons have access to your check(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Describe in detail the process of preparing the check(s) and identify each person who is required to initiate and approve the check(s) requested, to enter information necessary to print the check(s), and to sign the check(s). <i>(If more space is needed, use Part VII)</i>		

PART IV: POLICE REPORT

Filed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Filed:
Agency Name:			Report Number:

PART V: STATEMENT OF FRAUD

This claim is made voluntarily for the purpose of establishing the fact that my signature on the check(s) listed herein is a forgery. I understand this forgery is subject to the investigation by the local, state and/or federal law enforcement agencies in addition to the investigation that may be performed by The Huntington National Bank. I further agree to cooperate with The Huntington National Bank and law enforcement agencies in their investigations and I am willing to testify in a court of law. I authorize The Huntington National Bank to release any information regarding my account(s) to local, state, and/or federal law enforcement agencies if needed for the investigation and/or prosecution of any person(s) who may be responsible for the fraud involving my account. I understand making a false claim may be subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment. I understand that The Huntington National Bank may require me to sign a sworn statement attesting to the fact of forgery. Delivery of this Statement of Fraud bearing a facsimile signature or signature reproduced by PDF or other reproductive format shall have the same force and effect as if this document bore an inked original signature. I declare under the penalty of perjury that the foregoing is true and correct.

Complete the below for Business Claimants:

Print Business Signer Name

Print Title

X _____
Claimant Signature

Date: _____

BRANCH USE ONLY

Receiving Branch: _____

**COMPLETED CLAIM TO BE ATTACHED TO
INVESTIGATIVE REFERRAL** – Retain original in
Branch for 60 days.

If Investigative Referral was previously submitted

Mail to:
Huntington National Bank
Attn: Deposit Account Fraud Prevention
3 Cascade CAS-846
Akron, OH 44308

