

Declaration of Unauthorized Check/Withdrawal

PART I: CLAIMANT INFORMATION (Please print legibly)

NOTICE: This form is to be completed by the customer or, for forged endorsement claims, the customer's intended payee (endorser). Failure to complete this form fully could delay the processing of your claim.					
For Individuals:					
Fii	rst Name:	Last Name:			
Ma	Mailing Address:				
Huntington Account Number:		Name on the check as: Maker / Payee (circle one)			
For	Businesses:				
Business Name:					
Ma	Mailing Address:				
Huntington Account Number:		Name on the check as: Maker / Payee (circle one)			
PART II: TYPE OF CLAIM					
	Forged Maker/Signature (front of check): The signature on the	front of the check(s) listed below is not mine. I did not authorize			
	anyone to sign the check(s) for me.				
	not as drawn. I did not authorize anyone to endorse the check for me, nor did I receive any part of the proceeds of the item(s).				
	creation or signature on the check(s).				
	alteration was not done by me or authorized by me, nor did I receive any part of the proceeds of the item(s). Please provide				
	one of the following documents along with the completed declaration: Bill or invoice that verifies the original payee and amount owed,				
	 Copy of check book register with the original check information listed, or Copy of the original check before the alteration. 				
	Remotely Created: This remotely created check(s) was not author				
	☐ Unauthorized Withdrawal (W/D): This withdrawal that was completed in branch was not authorized by me, nor was it done by another person(s) who is authorized to transact on my account.				

PART III: DISPUTED CHECK(S) - SUPPLEMENT TO CLAIM

IMPORTANT: For alteration and forged endorsement claims including multiple checks, this page must be completed for each individual disputed check (i.e., if there were 5 altered checks, you would need 5 copies of this page).

Check Number	Check Date	Amount	Maker	Payee	Date Paid From Your Account

FOR ALTERED CHECK

Check information as originally written:				
Check Number	Check Date	Amount	Maker	Payee
Check information altered to:				
Check Number	Check Date	Amount	Maker	Payee

PART IV: DECLARATION

SIGNING INSTRUCTIONS: For forged endorsement claims, the intended payee (endorser) must sign this declaration on the "Claimant Signature" line. For all other claims, this declaration is signed by the maker account owner.

By signing below, you are making the following declarations:

- I did not receive any proceeds or benefit from the check(s) listed above, nor have I arranged with the person who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).
- I did not receive any proceeds or benefit from the withdrawal(s) listed above, nor have I arranged with the person that conducted the unauthorized withdrawal(s) listed above to be reimbursed for any portion of the proceeds of the withdrawal(s).
- I understand this unauthorized check(s) and/or withdrawal(s) are subject to 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 agree to further 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.
- The Huntington National Bank may require me to sign a sworn statement attesting to the fact of forgery.

The delivery of this Declaration 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.

For business claimants only

	X
Print Authorized Signer's Name For business claimants only.	Claimant Signature For forged endorsement claims, the intended payee must sign this declaration.
	Date:
Print Title	

PART V: DETAILS OF CLAIM					
1.)	On what date did you first report the disputed chec		Date:		
2.)	Do you know who committed the fraud on your acc				
2.)	If yes, please provide the person's full name and y	our relationship to that perso	on.		
PART VI: STATEMENT OF FACT – SUPPLEMENT TO CLAIM					
INCIDENT INFORMATION: Please describe how the fraud occurred. Give names, dates, places, circumstances, and other pertinent information. Attach additional pages if necessary.					
I declare under the penalty of perjury that the foregoing is true and correct.					
		Х			
			nt Signature		
			ed endorsement claims, the intended payee must sign this		
			Date:		
Branch Use Only					
	Forms MUST be attached to an investigative referral.	Submit form			
			eddraftrequests@huntington.com		

Please retain form in branch for 30 days.

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