



**Statement of Fraud**  
**Forged/Missing Endorsement or Altered Check Claim**

**TO BE COMPLETED BY THE CUSTOMER (OR THE CUSTOMER'S PAYEE AS APPROPRIATE)**  
**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.:	Named on check as: Maker / Payee / Endorser <b>(circle one)</b>

**For Businesses:**

Business Name:	
Type of Business Entity: Partnership / Corporation / Limited Liability Company <b>(circle one)</b>	
Mailing Address:	
Huntington Account No.:	Named on check as: Maker / Payee / Endorser <b>(circle one)</b>

**PART II : TYPE OF CLAIM**  
***(Complete only one claim type below – Either A, B or C)***

**A. FORGED OR MISSING ENDORSEMENT CLAIM**

**(Check one)**

The payee's endorsement on the item described below is not mine. I did not authorize anyone to endorse the check for me, nor did I receive any part of the proceeds of the item.

The payee's endorsement on the item described below is missing. I did not receive any part of the proceeds of this item.

Check Number	Date	Amount	Maker	Payee

**B. ALTERED CHECK CLAIM**

Alteration(s) were made to the item as described below. This alteration was not done by me or authorized by me.

Check Information as Originally Written				
Check Number	Date	Amount	Maker	Payee

Altered To				
Check Number	Date	Amount	Maker	Payee

- You must provide one of the following documents along with the completed affidavit:**
- **Bill or invoice that verifies the original payee and amount owed;**
  - **Copy of check book register with original check information listed; or**
  - **Copy of original check before the alteration.**

**C. REMOTELY CREATED CHECK CLAIM**

This remotely created check was not authorized by me:

Branch: Mail Original forms to: Mail Code OPC811

Check Number	Date	Amount	Maker	Payee

**PART III: POLICE REPORT**

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

**PART IV: STATEMENT OF FRAUD**

This claim is made voluntarily and for the purpose of establishing the fact of forgery or unauthorized alteration. I understand this forgery or unauthorized alteration is subject to investigation by the local, state and/or federal 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 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 or unauthorized alteration. 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.

*Complete the below for Business Claimants:*

\_\_\_\_\_  
Print Signer Name

\_\_\_\_\_  
Print Title

**X**

\_\_\_\_\_  
Claimant Signature

**BRANCH USE ONLY**

**Original forms MUST be mailed by FEDEX to:**  
Huntington National Bank  
Attn: Deposit Account Fraud Prevention  
7 Easton Oval – GW5E97  
Columbus, OH 43219

**For Remotely Created Checks:**  
**Mail Original forms to:** Mail Code OPC811

