

Affidavit of Check Alteration



Form Instructions:

- 1 — Complete all applicable fields
- 2 — Print completed form
- 3 — Sign and date the Signature section

4 — Print and mail a copy of this notarized form to:

Delta Community Credit Union,
ATTN: Deposit Services
P.O. Box 20541
Atlanta, GA 30320-2541
or fax to: 470-351-6581

I/We, the undersigned, hereby state under the penalties of perjury that the undersigned is the

maker of Check Number _____ drawn on account number _____ in the name of

_____ at [Delta Community Credit Union]; that said check was originally

drawn in the amount of \$ _____ dollars, payable to _____; that said check

has been altered by a person or persons unknown to me to
[check and complete one or both of the following]:

change the amount to \$ _____

change the payee(s) to _____

_____; and
further, that I/we received no benefit from said alteration.

Signed this _____ day of _____, 20 _____.

By: _____

NOTARY

State of: _____ County of: _____

Subscribed and sworn to me this _____ day of _____,

_____, Notary Public

