



Forged Signature/Indorsement Affidavit

State of: _____ County of: _____

I, _____, being duly sworn, depose and say that I reside (or the business I represent is located at): _____ in the City of: _____ and State of: _____.

I attest that I have examined an image of the check or paper draft detailed as follows;

- This item contained the serial number _____.
- This item was dated _____.
- This item was payable against Denison State Bank on account number _____.
- This item was presented for the amount of _____.
- This item contained the alleged payer signature of _____.
- This item appears to be made payable to _____.
- This item contained the alleged payee indorsement (back) of _____.

After close examination of the item detailed above, I attest that;

- As the Payee of this check;
 - o The indorsement on the back of the check to be a forgery
 - o I have not authorized anyone to sign/indorse the check on my behalf
 - o I deny ever having received any proceeds or benefits from such check

- As the Account Owner or Authorized Signer of the account this check is drawn on;
 - o The Payer/Accountholder's signature (on the front) to be a forgery or counterfeit
 - o I have not authorized any person or representative to sign on my behalf

I also agree that if I file a police report in relation to this incident, I will provide the bank with the report number, name of the agency, and agent's name.

Signature: _____ Date Signed: _____

Police Report #: _____ Name of Agency: _____ Name of Agent: _____

TO SUBMIT:

FAX: Fax to Holton, ATTN; Bookkeeping at 785-364-5490.
Mail: Mail to Denison State Bank, Bookkeeping Dept., PO Box 71, Holton, KS 66436
Deliver: To any Denison State Bank location or night-drop box.

Questions? Contact the Bookkeeping Department at 1-800-633-2423 or 785-364-3131.

FOR INTERNAL USE:

Processed by: _____ Date: _____