



# Loss Affidavit

Choose One:

## PART I. DESCRIPTIVE STATEMENT

Name: First	MI	Last	Home Phone ( )
Address: Street	City		Cell Phone ( )
Account Number:			Work Phone ( )
			State
			Zip Code

1. Describe the circumstances concerning the loss or theft in your own words, including the following:

A. What happened? How did the loss/theft occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Where did this occur? \_\_\_\_\_

C. When did the loss/theft occur? \_\_\_\_\_

2. If a theft, do you know who took the checks or had access to your account information?

Name: \_\_\_\_\_ Street, City, ST, & Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

A. If a theft, have you reported the incident to the police?  Yes  No If Yes: Town incident reported & case #: \_\_\_\_\_

(If available, please attach to affidavit) \_\_\_\_\_

B. If a theft, were any other personal checks, account passbook(s) or any other possessions stolen?  Yes  No

If YES, please specify: \_\_\_\_\_

3. List each unauthorized transaction by date and amount and check number; if applicable. Attach copies of items to affidavit and/or an account history along with record of ID obtained at time of transaction; if available. (Note: If fraud took place in different locations, a separate affidavit for each occurrence must be completed.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Name and address of anyone able to give us more information about the incident:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

## PART II. AFFIDAVIT

The undersigned represents that he/she is the person to whom the Bank issued deposit account # \_\_\_\_\_  
Check numbers (if applicable) \_\_\_\_\_, have been lost or stolen. A diligent search has been made for said document, and it cannot be found.

1. I made this affidavit for the purpose of establishing the forgery of my signature on a check/withdrawal from account # \_\_\_\_\_  
The check/withdrawal is dated \_\_\_\_\_ and in the withdrawal amount of \$ \_\_\_\_\_
2. The name on the signature line is \_\_\_\_\_ and the check (if applicable) is payable to \_\_\_\_\_. The name(s) that appear(s) on the back of the check as endorser(s) is/are (if applicable) \_\_\_\_\_.
3. If altered, I make this affidavit for the purpose of establishing the altering of the dollar amount on a check. The dollar amount has been altered from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. The check is dated \_\_\_\_\_. The name on the signature line is \_\_\_\_\_, and the check was payable to \_\_\_\_\_. The name appearing on the back of the check as endorser is \_\_\_\_\_.
- 3a. The statements made herein and in the Descriptive Statement are true, accurate and are made to induce the Bank not to honor checks presumably bearing the signature of the undersigned and from account # \_\_\_\_\_, and having check numbers \_\_\_\_\_.
4. I further depose that the signature on the aforesaid withdrawal is not mine, was not made by me, was not made by another person with my authority, knowledge or consent.
5. That I have received none of the proceeds of the foresaid withdrawal. The Descriptive Statement indicates any and all known facts relative to this forged withdrawal including how it came into the possession of an unauthorized person.
6. I further acknowledge that the Bank will rely upon the truth and accuracy of the statements to make a determination as to the disposition of this matter.
7. This Affidavit and attached Descriptive Statement are made voluntarily. The signature below is my own proper signature.
8. The undersigned agrees to indemnify the Bank for any expense, damage, or loss it may incur for acting pursuant to the instructions herein of the undersigned customer.

Customer's Signature

Name (Please Print)

Signature of Witness

Name (Please Print)

Date

Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

My commission expires \_\_\_\_\_

## BRANCH INFORMATION

Date initially notified of the loss or theft \_\_\_\_\_

Method of notification \_\_\_\_\_

Branch # and Branch Name: \_\_\_\_\_ New Account # (if applicable): \_\_\_\_\_

Name of Branch Employee Notified: \_\_\_\_\_ Branch Phone #: \_\_\_\_\_

Item negotiated @ Webster Bank  
WFD 775  
Item negotiated @ another  
institution -NB 155  
Lost/Stolen Ck, Passbook or CD  
(No monetary loss) -Branch

**Note: No credit will be given until investigation is completed.**

