



Affidavit of Check Fraud Forged Endorsement

NAME OF PAYEE	WELLS FARGO ACCOUNT NUMBER	DATE
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Endorsement Forged
My endorsement on the reverse of the check listed below is a forgery, missing, or not as drawn. I did not sign the check and I did not authorize the signature.

PLEASE RETURN THE COMPLETED CLAIM FORMS, ALONG WITH THE ORIGINAL CHECK (OR A PHOTOCOPY IF THE ORIGINAL CHECK IS NOT AVAILABLE) TO:

State Treasurer's Office
200 W. 245h Street, Suite 122
Cheyenne, WY 82002

If you have any questions about completing the forms, please call us at 1-800-278-6256 Monday through Friday 7:30 a.m. to 5:30 p.m. PT.

- If you are claiming more than one check as "Endorsement Forged", please make photocopies of this form and submit each check with a separate signed affidavit page.
- Please include the following information for the fraudulent check:

Check #	Date	Amount	Made payable to:
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BY SIGNING BELOW, YOU ARE MAKING THE FOLLOWING DECLARATIONS:

- The statement(s) indicated above are true.
- I did not receive any benefit or value from the proceeds of the check(s) listed above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

***I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE.
PAYEE/ENDORSER SIGNATURE (FORGED ENDORSEMENT CLAIMS ONLY)***

Signature of Payee and Title	Date
Address	Phone Number

Place Notary Stamp Here:

<p>NOTARY INFORMATION State of: _____ County of: _____ Subscribed and sworn before me this _____ day of _____, (year) _____ My Commission Expires _____</p>	<p>Signature of Notary Public</p>
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Additional checks continued from page 1

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