

FORGED ENDORSEMENT

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER

**AFFIDAVIT TO SUPPORT CLAIM OF FORGED
ENDORSEMENT**

State of _____

} ss or fein: _____

County of _____

(First Name) (Middle Initial) (Last Name) (Title)

being duly sworn, deposes and says that:

1. My/our address is _____,
(No. and Street)

(City/Village) County of _____, State of _____.

2. I have examined the attached photocopy of original check drawn on the Comptroller's Special Refund Account,
held at _____ Bank. Account # _____
(OSC use only)
Check No. _____, dated _____, in the amount of \$ _____,
issued payable to the order of _____,
and I am/we are the intended payee (individual) or officer of the company/corporation (business) named thereon.

3. The endorsement of my/our name(s) or company endorsement is a forgery.

4. The endorsement was not authorized by me/us and I/we did not receive any benefit whatsoever from the proceeds of said check.

5. I do not know who forged my/our name as an endorsement and have no knowledge whatsoever with respect thereto.

(Signature of Deponent)

(Signature of Deponent)

(Signature of Deponent)

(Signature of Deponent)

(NOTE: If check is payable to multiple names, **All** payees listed on check must sign affidavit)
(NOTE: If check is payable to corporation or business, person signing affidavit must indicate his/her title)

Sworn to before me this

_____ day of _____, 20 ____.

(Notary Public)