

## WRITTEN STATEMENT OF UNAUTHORIZED CHECK WITHDRAWAL

Member Name			Member Account Number		
Check #	Date//	Amount \$	Check #	Date//	Amount \$
Check #	Date//	Amount \$	Check #	Date//	Amount \$
*IF C	OMPLETED FORM IS NO	T RECEIVED WITHIN	14 DAYS OF CLAIM BE	EING FILED, CLAIM WIL	L BE CLOSED*
Please describe	the circumstances surroui	nding the unauthorized	transaction(s):		
fraud involving n (1) I may be requ regarding the pe this matter are tru	Alliant Credit Union to rele nation can, if necessary, to ny Account. I understand t uired to comply with a cou erson(s) responsible and w ue and I will cooperate full This statement of fact is ma	be used in the investigations be used in the investigation of the used in the	ation and/or prosecution investigation by local, si give testimony: (2) I hav I such information I obta	n of any person(s) who m tate and/or federal law ag e provided Alliant with all ain in the future: (3) All of	nay be responsible for gencies. I agree that information I have my statements relating to
Signature	Must be 18 years or older to a	ian form	_ Date		
NO(6; I	Must be 18 years or older to s	igi i iOIIII			

In the case that additional paperwork is requested to process the claim, you may be asked to provide the following:

- $\cdot \ \, \text{An affidavit of forged endorsement/alteration/unauthorized-withdrawal}$
- · A copy of a police report, or incident report

• A copy of front and back of your driver's license

• Any other documentation we may request.

Completed paperwork can be faxed to 773-462-2263, or mailed to:
Alliant Credit Union
Attn: Member Payment Operations
11545 W. Touhy Ave.
Chicago, IL 60666



