



OFFICE OF THE COMPTROLLER  
PAYROLL SERVICES

1101-L Chesapeake Building  
College Park, Maryland 20742-3121  
301.405.5665 TEL 301.405.8685 FAX

## **AFFIDAVIT OF FORGERY**

### **Overview:**

This form allows M&T Bank to begin an investigation if an employee's check has been cashed and the employee is disputing the validity of the endorsing signature.

When the bank completes their investigation, if they find the signature to be a forgery or otherwise unauthorized, Central Payroll will be notified, and a replacement check will be issued.

The bank has up to 181 days after receiving a correctly completed affidavit to complete an investigation.

### **Process:**

- 1.) The employee completes the Affidavit of Forgery and has it notarized. The employee should not sign or complete the bottom portion until in front of the notary.
- 2.) The employee should return the notarized Affidavit, a copy of the cashed check, and a clear copy of their government issued identification either to their departmental payroll person or directly to Payroll Services. Forms can be mailed to the address below or placed in the secure mailbox for Payroll Services located on the Chesapeake building.

University of Maryland College Park  
ATTN - Payroll Services  
1101 L Chesapeake Building  
College Park, MD 20723

State / commonwealth of \_\_\_\_\_, city/county of \_\_\_\_\_, to wit:  
\_\_\_\_\_, being duly sworn, deposes and says that deponent is  
named as, or is the authorized representative of, the \_\_\_\_\_ (maker, payee, indorser or other)  
of the attached instrument ("Instrument") numbered \_\_\_\_\_, dated \_\_\_\_\_, drawn on  
\_\_\_\_\_ in the sum of  
\_\_\_\_\_ dollars **(\$0.00)** and that:

**Section 1.** The basis for this claim is: (check all that apply. If none apply, write "N/A" in the margin to the left of this Section 1 and proceed to Section 2, where you should include a detailed description of the claim):

- the signature of (check one)  the Maker  the Indorser on the Instrument is a forgery and was not authorized;
- the Instrument is counterfeit (meaning it was not created using the Maker's check stock and it contains a forged and unauthorized Maker's signature);
- the Instrument, without authorization, was altered or improperly completed as follows:

Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- the Instrument was paid with a missing indorsement; and/or
- (for remotely created drafts) the Instrument does not contain a signature applied, or purported to be applied, by the Maker; and that the Instrument was not authorized by the Maker with regard to one or both of the following: the amount stated thereon and/or the payee named thereon.

**Section 2.** Provide a detailed narrative statement of the circumstances surrounding your claim concerning the Instrument (attach additional sheets if necessary).

Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3.** If this claim is for expedited recredit by a Consumer relating to a Substitute Check, the following must be completed:

- The Substitute Check was charged to my deposit account and the amount of my loss is **\$0.00**
- The nature of my claim is more fully described in Section 2 hereof.
- Production of the original check or a sufficient copy is necessary to determine whether or not the substitute check was improperly charged to my account or whether my warranty claim is valid because (attach additional sheets if necessary):

Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if a copy of the substitute check is attached. If a copy is not attached, describe the substitute check by check number, payee named thereon, date paid against your account, and check amount:

Details

**Section 4.** Deponent further states that deponent has not received any of the proceeds of the Instrument or any benefit therefrom and that all of said proceeds have improperly and wrongfully come into the possession of others not entitled to same, unless stated below (attach additional sheets if necessary).

Details

**Section 5.** Deponent suspects the following persons may have been involved in the wrongful creation and/or negotiation of the Instrument as set forth herein. If the deponent knows of no suspects, the deponent should write "none" or "n/a" in the space provided below (attach additional sheets if necessary).

Details

The deponent further states that the deponent (or the entity on whose behalf the deponent has executed this Affidavit) will cooperate with all law enforcement investigations relating to the Instrument and will reasonably assist and cooperate with M&T Bank in the investigation of this claim. Such cooperation may include, without limitation, the willingness to testify before any court or other tribunal as to the truth of any and all of the information set forth in this Affidavit.

If this Affidavit is being executed on behalf of an entity, the individual executing this Affidavit represents that he/she is authorized to execute it on behalf of said entity.

I understand that this Affidavit is made voluntarily, under oath, and pursuant to the penalties of perjury. I further understand that M&T Bank may, without implying any obligation to do so, report this matter to law enforcement and/or any person involved in the negotiation of the Instrument.

If this Affidavit is being submitted on behalf of an entity, the entity submitting this Affidavit is:

**MUST BE NOTARIZED**

**EMPLOYEE MUST SIGN IN PRESENCE OF NOTARY**

Subscribed and sworn to before me

Signature

Print Name:

this \_\_\_\_\_ day of \_\_\_\_\_, 20

Print Title\*:

\*If signing as the duly authorized representative of an entity

Notary Public

This Affidavit is being submitted to M&T Bank in connection with a claim as set forth herein. M&T Bank has not yet determined the validity of the claim or whether M&T Bank will reimburse any party in connection with the Instrument. M&T Bank may rely on the representations made in this Affidavit in connection with its investigation concerning this claim and any decision regarding reimbursement.