

WORKERS CREDIT UNION 815 MAIN STREET FITCHBURG, MA 01420-8207 978-345-1021 <p style="text-align: center;">INSTITUTION</p>	(For use by institution.) Resolution No. _____ Dated _____ Account Description _____ _____
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AFFIDAVIT OF ALTERATION

"I," "me," and "my" means each Owner named below, jointly and singly. "You" means the Institution and its successors.

Owner Name(s) _____

Authorization Signatures _____

Name	Title of Business
_____	_____
Name	Title of Business
_____	_____
Name	Title of Business
_____	_____

Address _____

I have examined the item numbered _____ dated _____, in the amount of \$ _____,

drawn on _____,
 (Name of Financial Institution)

and payable to the order of _____.
 (Name of Payee)

The item was altered by a(n): (Check at least one.)

- Forged Indorsement (Paid with an unauthorized indorsement).
- Forged Signature (Not signed with an authorized signature).
- Altered Amount (Altered to be paid in a greater amount than it was made for).
- Other: _____

I did not cause or approve the alteration, and it is not the result of a negligent act or omission made by me. I have received no value (benefit) either directly or indirectly from the proceeds of the item. The alteration was made:

By a person and under circumstances unknown to me.
 (Described circumstances) _____

Consent to Unauthorized Signature. If checked, I consent to the signing of my name by _____ on the item described above. I reserve all rights that I may have against the unauthorized signor as a result of the unauthorized signing of my name.

I will give any reasonable aid that you or the proper legal authorities may require with to respect to this item.

Signature	Date	Signature	Date
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State of _____, (Parish or County) of _____, _____.

My commission expires _____, _____.

Notary Public