

You can complete this form online then print and submit.

STATE OF OREGON) CLAIMANT'S AFFIDAVIT OF
) ss. FORGED ENDORSEMENT
County of _____)

I, _____, residing at _____
Name Address

City of _____, County of _____, State of _____ being
City of Residence County of Residence State of Residence

duly sworn, depose and say, that the endorsement of a certain check No. _____ dated _____,
Check Number Check Date

in favor of _____, for _____,
Payee Alpha Dollar Amount

Dollars (\$ _____), and issued by _____ against the
Numeric Amount Name of Department/Division

OSPS Joint Payroll Account, and purporting to be endorsed by me, and paid by _____ on the
Name of Bank

_____ day of _____, _____, was not authorized or written by me, the affiant, and that such endorsement
Date Month Year

of said check is a forgery. I further state that I have examined a machine copy of the original instrument and have determined beyond any doubt that the signature endorsed thereon in my name is a forgery and I have no knowledge of the endorsement of said check and that no part of the money so paid by the _____

Name of Bank

was received by me, directly or indirectly, and that no part of said money was applied to any use or purpose in my behalf. I understand that providing false information in this affidavit may lead to prosecution and penalties as prescribed by law.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, _____

(SEAL)

Notary Public in and for the County

of _____, State of _____

My commission Expires on _____, _____

CLAIMANT'S AFFIDAVIT OF FORGED ENDORSEMENT

The Claimant's Affidavit of Forged Endorsement is a legal document stating that the check in question has been forged and the employee did not receive any funds from the payment of the check.

Please do not use this form unless instructed to do so by Oregon Statewide Payroll Services (OSPS). Also, it is important that the document be typed or completed online and printed to insure legibility and it *must be notarized* by a Notary Public.

The blanks must be completed as follows:

1. Employee's Name
2. Employee's Address
3. City of Residence
4. County of Residence
5. Check Number
6. Check Date
7. Employee's Name
8. Alpha Dollar Amount of Check
9. Numeric Amount of Check
10. Name of Department
11. Name of Bank which cashed check
12. Date the Check was Cashed
13. Name of Bank which cashed check
14. Signature of person completing form (employee)

The bottom portion must be completed by a Notary Public. The original form must be submitted to OSPS.