



Declaration of Unauthorized Endorsement or Altered Item

See page 1 for complete instructions on submitting your claim.
If you need help, call us at 1-866-564-2262.

Section 1: Please fill out all information

Name of person, business or organization filing the claim: ANGELO'S PIZZA 1697 INC
Street address: 1697 BROADWAY
City: NEW YORK State: NY ZIP Code: 10019
Daytime phone number: (917) 544-6650 Chase account number: 897697691

If your claim involves multiple checks, attach one declaration per check claim and mark this box: ☐

Section 2: Provide information about the original check

| Check number | Check date | Amount | Payable to |
|--------------|------------|----------|------------|
| 2378 | 08/18/2024 | \$578.07 | AUTOCHLOR |

Mark the box next to the reason for your claim.

- ☐ **Forged endorsement:** Someone else endorsed the check with my name.
☒ **Improper endorsement:** The endorsement does not match the payee on the check.
☐ **Missing endorsement:** The check was not endorsed (payee non-receipt of funds).
☐ **Altered check:** I (Maker) did not alter the check or grant permission to alter this check, but the payee was changed to (fill in here): _____, from _____
and/or the amount was changed to (fill in here): _____, from _____

Section 3: Sign this form

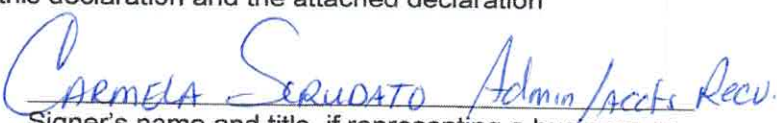
By signing this declaration, I confirm that I did not receive any benefit or value from the proceeds of the check listed above. I have not arranged with the person(s) who negotiated the checks to be reimbursed. I understand that Chase will conduct an investigation into the claims made in this declaration, and I agree to fully cooperate with Chase and/or any law enforcement agency in their efforts to pursue any civil or criminal actions against any person associated with the above activity. I understand that if I refuse to cooperate, I will forfeit any claim to reimbursement from Chase.

Under penalty of perjury, I affirm that the information in this declaration and the attached declaration questionnaire is complete, true and correct.

AUTOCHLOR

Maker or Payee name (see instructions)


Signature


Signer's name and title, if representing a business or organization

11/20/24
Today's date



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Customer name: ANGELO'S PIZZA 1697 INC

Account number: 897697691

Section 4: Declaration Questionnaire: Provide complete answers to the questions below.

1. On what date did you become aware of the unauthorized endorsement or alteration to the check?
10/29/2024

2. Was the check lost or stolen?

☐ Yes ☒ No

a. If yes, how, where and when did this happen?

3. Was the check mailed?

☒ Yes ☐ No

a. If yes, when and where was check stolen? I don't realize when and where was check stolen.

b. Did you file a claim with the U.S. Postal Service?

☐ Yes ☐ No

Postal claim number _____

4. If you suspect a specific person, please file a police report. Provide the person's name and your relationship with the person below. Please include a copy of the police report with the declaration.

Section 5: Statement of Fact: Please provide any additional information regarding your claim. Attach additional pages if needed.

Information provided by Maker (the person who wrote the check):

We mailed out checks to US Postal office regularly. We realized that this check was not received and deposited by our vendor after checking with our vendor.

Maker's Signature: _____

Date: 11/7/2024

Information provided by Payee (the person that the check was made payable to):

We use a Bank Stamp to Endorse all
Checks - No Handwritten Signatures

Payee's Signature: _____

Date: 11/20/24

Check Search Results

The details presented in this document were requested by the customer. Go to subsequent pages to see check details.

Check Search Results

| | |
|-------------------|-----------|
| Checks displayed: | 1 |
| Account number: | 897697691 |
| Date range: | |
| Check number(s): | |
| Amount: | |