



## 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
2377	08/18/2024	\$525.49	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

CARMELO SCRUDATO Admin/Acts Recv.  
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 -  
and we Do Not have any employees by The name of  
'Bella H. O'Reilly' at our location

Payee's Signature: \_\_\_\_\_

Date: 11/20/24

Account: 897697691  
Check Number: 2377

2377

ANGELO'S PIZZA 1697 INC.  
1097 Broadway  
NEW YORK, NY 10019

CHASE  
Milligan Chase Bank, B.A.  
www.Chase.com  
1-2/210

8/18/2024

PAY TO THE ORDER OF AUTOCHLOR \$\*\*\$25.49

Five Hundred Twenty-Five and 49/100\*\*\*\*\*

AUTOCHLOR SYSTEM  
685 GOTHAM PKWY  
Carlstadt, NJ 07072

MEMO 625-1556

RECEIVED 8/19/24

0002377\* 0020000210 8976976910

Bathpage FCU 2 NY002  
 (Commack, NY)  
 94 Hained Rd  
 11725  
 06/29/24-05:32:39  
 8609  
 <<<<221473652>>>>

10005  
CHECK HERE AFTER MILEAGE OR REMOTE DEPOSIT

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## 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

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