



Declaration of Unauthorized Check/Withdrawal: Credit Card or Personal Credit Line (PCL)

PART I: CLAIMANT INFORMATION *(Please print legibly)*

NOTICE: This form is to be completed by the customer or, for forged endorsement claims, the customer's intended payee (endorser). Failure to complete this form fully could delay the processing of your claim.

For Individuals:

First Name:	Last Name:
Mailing Address:	
Huntington Account Number:	Name on the check as: Maker / Payee (circle one)

For Businesses:

Business Name:	
Mailing Address:	
Huntington Account Number:	Name on the check as: Maker / Payee (circle one)

PART II: TYPE OF CLAIM

- Forged Maker/Signature (front of check):** The signature on the front of the check(s) listed below is not mine. I did not authorize anyone to sign the check(s) for me.
- Forged Endorsement (back of check):** The payee's endorsement on the back of the item described below is a forgery, missing, or not as drawn. I did not authorize anyone to endorse the check for me, nor did I receive any part of the proceeds of the item(s).
- Counterfeit Check(s):** The check(s) are an imitation of check(s) drawn on my account. I did not create, sign, or authorize the creation or signature on the check(s).
- Altered Check:** Alteration(s) were made to the item as described below in the "For Altered Check" section of Part IV. This alteration was not done by me or authorized by me, nor did I receive any part of the proceeds of the item(s). Please provide one of the following documents along with the completed declaration:
 - Bill or invoice that verifies the original payee and amount owed,
 - Copy of check book register with the original check information listed, or
 - Copy of the original check before the alteration.
- Unauthorized Withdrawal (W/D):** This withdrawal that was completed in branch was not authorized by me, nor was it done by another person(s) who is authorized to transact on my account.

PART III: DISPUTED CHECK(S) – SUPPLEMENT TO CLAIM

IMPORTANT: For alteration and forged endorsement claims including multiple checks, this page must be completed for each individual disputed check (i.e., if there were five altered checks, you would need five copies of this page).

Check Number	Check Date	Amount	Maker	Payee	Date Paid From Your Account

FOR ALTERED CHECK

Check Number	Check Date	Amount	Maker	Payee
Check information altered to:				
Check Number	Check Date	Amount	Maker	Payee

PART IV: DECLARATION

SIGNING INSTRUCTIONS: For forged endorsement claims, the intended payee (endorser) must sign this declaration on the “Claimant Signature” line. For all other claims, this declaration is signed by the maker account owner.

By signing below, you are making the following declarations:

- I did not receive any proceeds or benefit from the check(s) listed above, nor have I arranged with the person who misused the check(s) listed above to be reimbursed for any portion of the proceeds of the check(s).
- I did not receive any proceeds or benefit from the transaction(s) listed above, nor have I arranged with the person that performed the unauthorized transaction(s) listed above to be reimbursed for any portion of the proceeds of the transaction(s).
- I understand this unauthorized check(s) is subject to investigation by the local, state, and/or federal law enforcement agencies in addition to the investigation that may be performed by The Huntington National Bank.
- I agree to further cooperate with The Huntington National Bank and law enforcement agencies in their investigations.
- I authorize The Huntington National Bank to release any information regarding my account(s) to local, state, and/or federal law enforcement agencies if needed for the investigation and/or prosecution of any person(s) who may be responsible for the fraud involving my account.

The delivery of this Declaration bearing a facsimile signature or signature reproduced by PDF or other reproductive format shall have the same force and effect as if this document bore an inked original signature.

I declare that the foregoing is true and correct.

Claimant Name – Print

Claimant Signature

The intended payee must sign for forged endorsement claims

Claimant Title – Print

For business claimants only

PART V: DETAILS OF CLAIM

1.)	On what date did you first report the disputed check(s) to Huntington?	Date:
2.)	Do you know who committed the fraud on your account? Y / N (<i>circle one</i>) If yes, please provide the person's full name and your relationship to that person: _____	

PART VI: STATEMENT OF FACT – SUPPLEMENT TO CLAIM

INCIDENT INFORMATION: Please describe how the fraud occurred. Give names, dates, places, circumstances, and other pertinent information. Attach additional pages if necessary.

I declare that the foregoing is true and correct.

_____ **Claimant Signature**
The intended payee must sign for forged endorsement claims

_____ **Date**

----- *Branch Use Only* -----

Forms must be attached to an investigative referral.

Please retain form in branch for 30 days.

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