

DIRECTIONS TO MERCHANT:

- 1) FILL THIS FORM OUT COMPLETELY AS SOON AS A CHECK IS RETURNED FROM THE BANK.
- 2) MAIL THIS FORM TO THE BAD CHECK WRITER BY FIRST CLASS MAIL AS SOON AS IT IS FILLED OUT.
- 3) IF YOU DO NOT RECEIVE PAYMENT OF A RESPONSE FROM THE CHECK WRITER, FILL OUT A COMPLAINT SHEET PROVIDED BY THE CONSUMER PROTECTION UNIT AND MAIL IT TO THE MACOMB COUNTY PROSECUTING ATTORNEY'S OFFICE, CONSUMER PROTECTION UNIT, ONE SOUTH MAIN, 3RD FLOOR, MACOMB COUNTY ADMINISTRATION BUILDING, MT. CLEMENS, MICHIGAN 48043
- 4) KEEP YOUR ORIGINAL COPY OF THE CHECK.

ADDITIONAL COPIES OF THIS FORM CAN BE OBTAINED FROM THE CONSUMER PROTECTION UNIT, (586) 469-7336

NOTICE LETTER

TO: _____ DATE: _____
(Name of Check Issuer/Passer)

(Street Address)

(City, State, Zip Code)

The check described below has been DISHONORED:

Instrument/Check Number: _____ Instrument/Check Date: _____

Originating Institution, Bank or Other Drawee: _____

Amount: _____ Payable To: _____

Reason For Dishonor
(marked on Instrument): _____

Pursuant to Michigan Compiled Laws 750.132: Unless this amount is paid in full within **FIVE DAYS** from receipt of this notice the holder may assume you delivered the instrument **with the intent to defraud** and may turn over the dishonored instrument and all other available information relating to this incident to the police and prosecutor for prosecution.

CHECK AMOUNT: _____ VICTIM NAME (PRINTED): _____

FEE AMOUNT: _____ ADDRESS: _____

TOTAL OWED: _____ VICTIM SIGNATURE: _____

TELEPHONE NUMBER:(_____) _____