



SIMPLE STEPS TO GETTING YOUR MONEY BACK

1. To begin the Worthless Check process, a ten (10) day letter must be sent to the check passer by certified mail, stating that they have ten (10) days to pay the full amount of the check in addition to any bank fees you incurred (up to \$25).
2. Once the letter has been issued and there is no payment by the check passer, you may participate in the Worthless Check Program.
3. Fill out the application included in the packet. Complete as much information about the check passer that you have.
4. Fill out the Affidavit included in your packet. This affidavit must be notarized prior to turning in your paperwork. We will notarize your papers at our office, if needed. You need one Affidavit per check, not check writer.
5. Once all paperwork has been completed, you mail hand deliver, mail or e-mail, your completed package to:
 - ADR Center
 - Attn: Returned Check Program
 - 102 Cinema Drive, Suite C
 - Wilmington, NC 28403
 - checks@theadrcenter.org
6. When forwarding your package, please be sure to include:
 - a. A Completed application form
 - b. A completed and notarized Affidavit
 - c. A copy of the ten (10) day letter to the check passer
 - d. The certified Mail receipt
 - e. The original check
7. Once your paperwork is processed; the ADR Center will contact the check passer and seek to successfully resolve this matter. In cases where the check passer fails to make payment, or can't be contacted, your case will be referred to the District Attorney's office for prosecution.

**STATE OF NORTH CAROLINA
COUNTY OF**

**APPLICATION FOR SIMPLE
WORTHLESS CHECK PROCESS**

Payee/Merchant:

TAX ID NUMBER _____
CHECK MADE PAYABLE TO _____
PHYSICAL ADDRESS (NO P.O. BOX) _____

CONTACT PERSON _____
CONTACT NUMBER _____

Check Writer:

DRIVER'S LICENSE NUMBER _____
SOCIAL SECURITY NUMBER _____ - _____ - _____
LAST NAME _____
FIRST NAME _____
MIDDLE _____
RACE/SEX _____ / _____
DATE OF BIRTH _____ / _____ / _____
STREET ADDRESS _____
CITY/STATE/ZIP _____
PHONE (H) _____ (W) _____

Check:

DATE CERTIFIED LETTER WAS SENT _____ / _____ / _____
BANK CHECK DRAWN UPON _____
CITY OF BANK _____
COUNTY OF OFFENSE _____
DATE ON CHECK _____ / _____ / _____
CHECK NUMBER _____
CHECK AMOUNT (**NOT OVER \$2000.00**) \$ _____

STATE OF NORTH CAROLINA
COUNTY OF [] NEW HANOVER
[] PENDER

WORTHLESS CHECK AFFIDAVIT
N.C.G.S. 14-107.1

The affiant, being duly sworn, deposes and says:

1. That on the ____ day of _____, 20____, the check passer, _____, delivered to the affiant as acceptor or authorized agent, check/draft number _____. That check or draft was received in [] New Hanover [] Pender County and was not pre-dated or post-dated. That affiant has not received any payment for the check/draft.
2. That the name and address of the check passer was written or printed on the check or draft.
3. That at the time of accepting the check or draft, the affiant, as acceptor or authorized agent, identified the check passer by means of a North Carolina Driver's license, a special identification card issued pursuant to N.C.G.S. 20-37.7, or other reliable identification, AND compared the signature on the identification card with the signature on the check /draft and determined the appearance to be genuine, OR the affiant saw the check passer sign the check/draft, OR received this check/draft from a known business to business contact.
4. That upon dishonor of the check or draft be the check passer's bank, the affiant mailed the check passer a letter by certified mail, to the address recorded on the check, identifying the check, setting forth that the check had been dishonored because of [] insufficient funds, [] closed account, requesting that rectification of any bank error or other error within ten (10) days by paying the check or draft directly to the affiant.
5. That more than fifteen (15) days have elapsed since mailing the letter and that the check passer failed to rectify any error that may have occurred so that the check /draft could be paid or has failed to pay the face amount of the check/draft to the affiant.
6. That a copy of the letter sent by certified mail to the check passer and the receipt or copy thereof from the US Postal Service stating that a letter was, in fact, mailed is attached to the affidavit.
7. That the check/draft or copy thereof is attached and there is stamped or marked on the check/draft or copy thereof the reason the check/draft was dishonored.
8. That the name, address, phone number and federal tax ID number of the check taker is as follows:
Name of Company: _____
Federal Tax ID Number: _____
Address: _____

Contact Person: _____ Phone: _____
9. That the affiant is authorized under the provisions of N.C.G.S. 25-3-512 to request a \$25.00 check processing fee upon compliance with the requirements set forth in said statute.

Signature of Affiant

Sworn and subscribed before me this the _____ day of _____, 20_____.

My Commission expires: _____ Notary Public

Date: _____

From: _____

To: _____

Dear _____;

On ___/___/_____ you issued a check (# _____) in the amount of \$_____ that was returned to us for the following reason: _____. **Payment for this check(s) must be made in full as well as our return check fee of \$_____ (per check), for a total payment of \$_____ within 10 days of the postmarked date of this certified letter.** Payments must be made by cash/money order/credit card at the following address/location:

_____.

If payment is not received within 10 days of the postmarked date of this certified letter your check(s) will be turned over to the Returned Check Program at the ADR Center for further action.

Sincerely,