

Directions to Merchant:

- (1) FILL THIS FORM OUT COMPLETELY AS SOON AS YOU DISCOVER A BANK DRAFT HAS BEEN DISHONORED.
- (2) MAIL (1) THIS FORM ALONG WITH (2) THE NOTICE OF DISHONOR TO THE DRAWER (THE PERSON WHO WROTE THE CHECK) BY FIRST CLASS MAIL AS SOON AS IT IS FILLED OUT. KEEP A COPY OF THIS LETTER FOR YOUR RECORDS.
- (3) IF YOU DO NOT RECEIVE PAYMENT OR A RESPONSE FROM THE DRAWER, FILL OUT A DISHONORED CHECK COMPLAINT SHEET ON THE TENTH DAY AND PROVIDE (1) THIS LETTER, (2) THE COMPLAINT SHEET, AND (3) THE NOTICE OF DISHONOR YOU RECEIVED FROM THE BANK TO THE POLICE AGENCY WHERE THE CHECK WAS PASSED.
- (4) KEEP COPIES OF ALL OF THE PAPERWORK REGARDING THE DISHONORED CHECK IN YOUR RECORDS.

**DISHONORED CHECK NOTICE LETTER**

To:  Date:   
(name of drawer)

(Drawer mailing address) (Drawer address city/state/ZIP)

**Please take NOTICE that the bank Draft described below has been DISHONORED by your bank:**

Check Number:  Check Date:

Drawn On:   
(name of drawer's bank)

Amount: \$  Payable To:

Reason for Dishonor as reported by Bank:

**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 potential criminal prosecution.

Draft amount:  Victim Name:

Bank fees:  Address:

Total OWED:  City/State/ZIP:

Victim Phone:

Victim Signature